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Activity of health care providers in relation to key aspects of nursing research and development in Northern Ireland.

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Royal College of Nursing of the United Kingdom

The 2005 International Nursing Research Conference

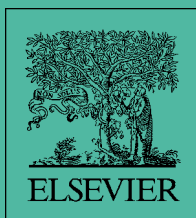
Tuesday 8 to Friday 11 March 2005

Europa Hotel and Spires Conference Centre, Belfast, Northern Ireland, UK

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Programme





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Dear Colleague,

It is a pleasure to welcome you to this year's RCN International Nursing Research Conference. Under the auspices of the RCN Research Society, this year's conference has been organised in collaboration with Down Lisburn Trust, Belfast City Hospital Trust, The Royal College of Midwives, Green Park Trust, The DHSSPS, NIPEC, The University of Ulster and Queen's University Belfast, North and West Belfast Trust and the RCN Research Society (Northern Ireland).

The conference aims to present knowledge from the leading edge of nursing research. As well as plenary presentations, symposia, and workshop presentations, you can choose from over 200 concurrent presentations. Alongside these presentations, there will be on display over 80 poster presentations.

We have a varied menu of fringe events. Full details are included within the conference programme.

There is an impressive exhibition that we hope you will take time to visit. We hope that you have the opportunity to network with colleagues from far and wide, and still get time to enjoy the many social events that have been planned and do some sight seeing in Belfast.

We are always keen to receive feedback, so please do take the time to complete your evaluation and return the form to the registration/enquiries desk before your departure.

Enjoy Belfast!

Professor Kate Gerrish

Chair, RCN Research Society

Professor Hugh McKenna

Chair, Scientific Committee

Chair, Organising Committee

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Acknowledgements

The Conference Organising Committee and the RCN Research Society acknowledge the support of the following organisations:



**Queen's University
Belfast**

General information

Venue

The conference is split over two different sites:

The main conference venue is the Europa Hotel. The Europa Hotel will host the registration/enquiries point, exhibition, cybercafé and all concurrent session sessions, as well as all catering.

Spires Conference Centre, which is around five minutes walk from the Europa Hotel, will host all main hall and plenary presentations including symposia and workshops.

Conference registration and enquiries

The registration and enquiries desk will be in the Grand Ball Room at the Europa Hotel. Registration will be open as follows:

Tuesday 8th March 2005	09.00 – 18.00
Wednesday 9th March 2005	08.15 – 18.00
Thursday 10th March 2005	08.00 – 17.45
Friday 11th March 2005	08.00 – 15.45

Badges

For security purposes, participants must wear their badges at all times. Participants will not be admitted to the conference sessions without their identity badge.

Mobile phones and pagers

Participants are asked to ensure that all mobile phones and pagers are turned off during conference sessions.

Plenary/Main hall sessions

Plenary/Main hall presentations will all take place at Spires Conference Centre.

Concurrent sessions

All concurrent sessions will take place in the Europa Hotel.

Places will be allocated on a first come first served basis. To ensure a seat, please arrive promptly.

Workshop and symposia

All workshop and symposia sessions will take place at Spires Conference Centre.

Places will be allocated on a first come first served basis. To ensure a seat, please arrive promptly.

Exhibition and posters

The exhibition and posters will be displayed in the Grand Ballroom of the Europa Hotel.

Opening times:

Tuesday 8th March 2005	09.00 – 18.00
Wednesday 9th March 2005	08.15 – 18.00
Thursday 10th March 2005	08.00 – 15.30
Friday 11th March 2005	08.00 – 14.00

Catering

All refreshment breaks (teas and coffees) will be served in the Europa Hotel.

Packed lunches will be available in the Grand Ballroom. If attending a Fringe event, delegates should collect their lunch before making their way to the Fringe.

Evening meals are not included within the conference fees.

Cybercafe

The cybercafé will be open the following times:

Tuesday 8th March 2005	09.00 – 18.00
Wednesday 9th March 2005	08.15 – 18.00
Thursday 10th March 2005	08.00 – 15.30
Friday 11th March 2005	08.00 – 14.00

Due to the popular demand of the cybercafé delegates will be subject to 30 minutes maximum at any one time.

Social events

Tuesday 8th March 2005

A welcome reception, sponsored by Queens University, will take place from 19.30 – 21.00 at Queens University. Wine and nibbles will be served.

Coaches will depart from outside the Europa Hotel at 19.15 and 19.30.

Coaches will return to the Europa Hotel, departing from Queen's University at 20.45 and 21.00.

Wednesday 9th March 2005

17.45 - 19.00 SAGE Publications invite you to celebrate the 10th birthday of NT Research (now known as Journal of Research in Nursing). Please join Sage Publications for drinks at The Crown Liquor Saloon Bar on Victoria Street which is conveniently located just opposite the Europa RCN conference Hotel.

 **SAGE Publications**
40 Years 1965-2005

19.30 - 21.00 A Civic Reception and a celebration of 30 years of nursing at the University of Ulster will take place at the Belfast Waterfront

The Waterfront is located only a few minutes walk from the Europa. Maps will be available from the registration desk



Thursday 10th March 2005

19.30 - 24.00 Conference Dinner

The conference dinner will take place at the Grand Ballroom of the Europa Hotel and will commence with pre-dinner drinks and wine at the Library Bar.

The wine is generously sponsored by



Fringe events

Full details of the conference fringe programme is detailed in pages 10 - 14.

Message board

A message board is located in the registration area.

Disabled access

Please contact the registration/enquiries desk for assistance.

Lost and found

Please contact the registration/enquiries desk.

First aid facilities

In the first instance, please contact the registration/enquiries desk.

Cloakroom

The cloakroom is located on the ground floor of the Europa Hotel.

Toilets

Toilets are sign posted.

No smoking policy

All RCN conferences have a no smoking policy and therefore, smoking is not allowed in any areas being used by participants.

The RCN does not accept any liability for loss or damage to personal effects that may arise as a result of attendance at this event.

The RCN has endeavoured to ensure the accuracy of the materials printed within this programme. Any queries relating to any of the papers should be addressed to the presenter.

Throughout the conference, photos will be taken for the closing ceremony and may be used for future promotional materials. If you do not wish to be photographed, please inform the photographer at the time pictures are being taken.

Fringe events

Tuesday 8th March 12.15 - 13.15

Room: Copenhagen

Novice Researchers

Barbara Jack & Charles Hendry

This fringe event is aimed at nurses based in clinical and academic settings - who are in the early stages of undertaking research or who may be planning to start a research project.

The research road can be very long and winding with plenty of road works to stop you in your tracks. In the early stages of undertaking research this can be a journey in which a little help, direction and support can be of great value.

The purpose of this event is to establish what may be of help to you on the research journey. Additionally the last 3 years fringe events have provided feedback to the Research Society Steering Committee as to what help nurse researchers need.

The aims of this event are to enable you to:

- meet with others at a similar stage of their research development
- share experiences
- find out what help is available
- meet new people and network

So come along and meet us at this event and you never know you might find the exact help that you were looking for.

Room: Grand 4

NMC Consultation on Post Registration Framework

Helen Caulfield, RCN Policy Adviser

The NMC has been consulting on a new post registration framework for nursing. This consultation will affect every nurse in the UK and it is important that you each take this opportunity to make your views known. The NMC has proposed a definition of an advanced nurse practitioner based on international standards. Regulation at this level would be assessed on domains and competencies, and those who are registered would need to re-register every 3 years. This presentation will set out the main components of the consultation and its implications for nursing practice.

Room: Edinburgh

Health & Personal Social Services Research Ethics Committees (HPSS RECs)

Siobhan McGrath, ORECNI Manager

'Is your research in the field of health and/or social care? Does it involve hospital or non-hospital based HPSS services users or patients? Does it involve HPSS staff or use of HPSS premises? Do you need to access service user/patient/ staff data? Do you need to take tissue samples for your research from existing patients or the recently deceased?'

Whether your project is qualitatively based (e.g. questionnaire, focus groups) or a quantitative research project, if you have answered yes to any of the above, your project must be submitted for an ethical opinion from a HPSS Research Ethics Committee.

HPSS RECs form the core of the ethical review arrangements in Northern Ireland. They are convened to provide the independent advice to participants, researchers, funders, sponsors, employers, care organisations and professionals on the extent to which proposals for research studies comply with recognised ethical standards. In reviewing a proposed research study, an HPSS REC aims to protect the dignity, rights, safety and well being of all actual or potential research participants. The operation of the HPSS RECs is prescribed in the UK Regulations 2004 and augmented by national Sub-operating procedures provided by the Central Office for Research Ethics Committees (COREC).

Three HPSS RECs were established by the DHSSPS, to which members were publicly appointed in March 2004. Each committee has up to 18 members, at least one third of which must be lay.

HPSS REC 1: Chair Dr Marie Smyth Administrator Mr Damian McHugh

HPSS REC 2: Chair Dr Theresa Donaldson Administrator Ms Angelina O'Neill

HPSS REC 3: Chair Dr Kate Sullivan Administrator (Ms Sandra Bell)

Also, the DHSSPS has established a Pilot NI Phase 1 Research Ethics Committee by limited public appointment for an initial period not beyond 30 April 2004, to review studies investigating medicinal product for the first time in healthy volunteers. Such studies have been made exempt from the UK Regulations 2004 until 1st May 2005. On 1st May 2005, however, ethical review of these studies will need to comply with the legislation.

The committees meet at various locations throughout Northern Ireland.

Review of full ethical applications

The HPSS RECs are receiving applications for review on a regular basis from researchers. The committees have been reviewing applications since May 2004, each on a monthly basis. Applications are submitted to the appropriate administrator based at the Office for Research Ethics Committees in Northern Ireland (ORECNI).

Other services

The HPSS RECs, also, review Site-specific assessments (applications to deal with locality issues only relating to single site or multi-site applications) and amendments to studies, which have been given a favourable opinion (including those amendments related to previously approved studies from the former, university base committees)

Accreditation: The committees will be undergoing an audit to support their working to national Sub-Operating Procedures in 2005

Please contact ORECNI for any information or advice on ethical review. Contact the Office for Research Ethics Committees for Northern Ireland on Tel: 028 9055 3607.

Room: Rotunda

Nurses in Research Collaboration (NiRC)

Leslie Gelling, Janet Ball, Angie Major (ICR) and Senga Steel (CRNA)

Nurses in Research Collaboration (NiRC) aims to promote greater collaboration between the RCN Research Society, the Clinical Research Nurses' Association (CRNA) and the Institute of Clinical Research (ICR). This fringe event will provide an opportunity for delegates to discuss the work of NiRC to date and to suggest how this collaboration might be further developed. Representatives from NiRC will report on activities undertaken during the past year and will inform delegates about future plans. There will be representatives from the RCN Research Society, CRNA and ICR at this fringe event so if you have strong feelings about the future direction that NiRC should be taking please come along.

Room: Dublin Getting to a Wider Audience <i>Sonya Roberts (RCN Media Officer)</i>	<p>Would you like to have your research findings appear in the national print and broadcast media? Would you like some tips on the elements of a successful story?</p> <p>For this year's International Nursing Research Conference the RCN Media Office received hundreds of abstracts from nurse researchers willing to release their findings to the media. Despite a number of strong stories having the potential for national interest they didn't make it.</p> <p>By examining some of the potential barriers for hitting the media at the start of any research process, you can increase your chances of getting media profile.</p> <p>So, we shall consider some pitfalls for getting nurse research into national print and broadcast media; the elements of a successful story; and, what makes a journalist interested in it in the first place?</p>
Room: Library Bar Emotional Labour Research Group <i>Debbie Mazhindu, Principal Lecturer, Research, Liverpool John Moores University</i>	<p>This fringe will be of interest to anyone responsible for the quality of service delivery in all service industries, especially health and social care professionals, educationalists of all disciplines, spiritual leaders, teachers, police, fire fighters, counsellors, voluntary groups, user groups, the Working with Emotions Network and anyone who has direct interface with the public in the course of their professional work. This event is a must for all who have an interest in the role, manifestation, conception, analysis, effect and current debates of the role of emotion, at work, in health and well being. Research to date includes emotions "at work" and "at" work, masculine and feminine emotional identities, professional practice, education, and health. There will be further opportunities for continued debate and networking described through through the national and international networks.</p> <p>WHAT WILL YOU GET FROM THIS EVENT?</p> <ul style="list-style-type: none"> • Discussion of strategies for professionals to develop professional practice, education and research from understanding the impact of emotions "at work" upon service delivery. • Sources of research based evidence for practice into the role of emotions at work on health and well-being. • Gain an understanding of the importance of recognising the role of emotions in the workplace in service delivery and debates on how to deal effectively with difficult emotions. • Insight into how service users can benefit from a more emotionally aware workforce. • Opportunities to network nationally and internationally. • Best available evidence: resources journals and books • Information on future events and conferences
Room: Grand 5 Networking event for child health nurse researchers <i>Alison Twycross Chair, RiCH Network</i>	<p>Are you a researcher in children's nursing or child health? Would you like to meet others working in this area? Are you a children's nurse thinking of undertaking some research? This fringe event is hosted by the RCN's Research in Child Health (RiCH) group and is an opportunity to meet and network with other researchers in this area. The fringe will also provide an opportunity to find out about the Association of Child Health Nurse Researchers (UK) a new group for children's nurses who are experienced researchers.</p>

Wednesday 9th March 12.40 - 13.40

Room: Dublin Writing for publication <i>Dawn Freshwater, Brendan McCormack, Roger Watson and Kader Parahoo</i>	<p>Graham Williamson Freshwater and Bishop (2004) argue that there is a shortfall of published nursing research and consider it to be due to a lack of confidence, rather than a failure of nurses to conduct research. Despite this shortfall nursing research is one of the fastest growing fields of biomedical and health research, indeed this is reflected in the expanding number of nursing journals (Rafferty et al, 2000). Such a diverse market place can confuse the novice would be author, and time spent carefully considering who makes up the audience to be addressed, and through which journal they are best found, is time well spent.</p> <p>However, researcher/practitioners also need to be mindful of the programmatic development of both their own personal and the organisational research portfolio. This event provided by editors of international nursing journals, focuses on the development of a research profile, with specific emphasis on publishing high quality research papers in appropriately identified outlets.</p>
Room: Library Bar Involving the public in your research <i>Helen Hayes, Roger Steel & Philippa Yeeles, INVOLVE Support Unit</i>	<p>INVOLVE is a national group, funded by the Department of Health, which aims to promote the active involvement of the public in NHS, public health and social care research. Active involvement is where research is carried out 'with' the public rather than 'to', 'for', or 'about' the public. We use the term 'public' to include: consumers, patients and potential patients, service users, carers and parents, long term users of health and social services, and organisations representing the public. We believe that the involvement of the public in research can improve the quality of research by helping to ensure that it is relevant, appropriate, and acceptable to those who use health and social care services. However, there are potentially many obstacles to effective public involvement.</p> <p>In this workshop we will begin by briefly describing the work of INVOLVE and then provide examples of how the public have been involved in NHS research, to demonstrate the value of developing partnerships with the public in carrying out research.</p> <p>Issues for discussion:</p> <ul style="list-style-type: none"> • Identifying the driving forces for public involvement in nursing research • Barriers to involvement • Ways of overcoming barriers

Thursday 10th March 12.15 - 13.15

Room: Rotunda

Regional Networking Events: Meet the North West RCN Research Society

Tracey Williamson and Chris O'Donnell

This fringe will provide opportunity to meet a range of members from the North West RCN Research Society Steering Group. Whether you are from the North West and just wanting to find out more, or from another region looking to share ideas, you are very welcome. Members will provide an overview of group activities to date. Most importantly there will be informal discussion as to what the NW group can do for YOU! In particular we wish to recruit more members, including practitioners and students. We also want to develop our events to meet your needs and collaborate with other groups/organizations, so do come and tell us what you can do for US!

At the end of the session there will be a short quiz on research in the North West to determine a super prize winner! Lots of reasons to attend – see you there!

Room: Dublin

Northern Ireland Research & Quality (NIRAQ)

Nicola Armstrong and Mary P McNicholl

NIRAQ is an RCN Forum which was established in 1999 when the Northern Ireland DQI Network and the RCN Research Group amalgamated. The membership strongly believe that the link between the disciplines of research and quality has brought added value to both perspectives and the resultant full calendar of events over the past years is testament to the continued success and commitment of the Forum and its members.

Members of the Steering Group will be available to discuss current developments in NIRAQ and planned forthcoming events. This fringe event will provide an opportunity for the delegates to discuss any aspects of the work of NIRAQ to date and to share in the experience of running an RCN Forum.

All nurses attending the conference, whether practitioners or researchers, are invited to join us for lunch to participate in this more informal event within the conference programme. New members are always welcome and this will be a good opportunity to network face-to-face with the membership.

Room: Edinburgh

Research Society Scotland

Lorraine Smith and Colin McDuff

RCN Research Society Scotland would like to invite conference participants who have an interest in Scottish nursing and midwifery research, or a more general interest in development of regional strategy, to take part in the above event. The Strategy report resulted from a successful Scottish consultation meeting in June 2004. This fringe event will present a brief summary of the report in order to set the scene for discussion of priorities and formulation of an action plan. It will also act as a forum for sharing information about more specific aspects of the Scottish Society's work over the past year. Finally the event will provide an opportunity for overview of the work of the three emergent research consortia groupings which involve higher education institutions and health care provider institutions within different regions of Scotland. The latter development will be featured in more depth in the annual symposium meeting scheduled for June 2005.

Room: Library Bar

London Regional Research Group (LoRRS)

Gian Gargaro and Angela Grainger

LoRRS exists as a sub-group of the UK RCN Research Society. The society encourages strong links among members living in the London Region. It is a forum for the discussion of R&D issues and aims to raise the profile of nursing research both locally and nationally. Come along to let us know what we can do for you.

Existing members as well as non-members are invited to join us for lunch and to network with others from the London region. Non-RCN and non-nurses are also welcome!

Focus on Research Careers – The StLaR Report: A debate and discussion on progress and advances

RCN Yorkshire & Humber Research Group

A project was commissioned by the Strategic Learning and Research advisory group for health and social care (StLaR) jointly chaired by the Department of Health and the Department for Education and Skills to support learning and research in health and social care.

The fringe event will enable participants to consider the impact of this potentially significant report on nurses who have or are considering a career in research. Questions such as: How has the report been used? Where has it led us? and How could we make better use of it?, will be addressed through a lively debate and discussion.

Friday 11th March 13.15 - 14.10

Room: Edinburgh PhD Network <i>Jacky Griffith and Martin Johnson</i>	<p>The RCN Research Society wishes to encourage all PhD students and this network is an informal way of offering support and the chance to meet others in the same position as you. This time the theme of the fringe is writing: Writing for publication along the way, writing your literature review, writing up your findings, and joining all the chapters up. Bring along any tips, advice or experiences you have and share lunch with us.</p>
National Care Home R&D Forum Room: Grand 4 <i>Susan Davies, Katherine Froggatt and Julienne Meyer</i>	<p>The National Care Home Research and Development Forum (NCHRD Forum) was established in November 2003. The NCHRD Forum seeks to offer a place for mutual support and developing opportunities for collaborative working. Previous meetings have focused on research governance in social care, user and carer involvement in research, and the interface between policy and practice development.</p> <p>The Fringe meeting will offer the opportunity to network with others and to discuss the Department of Health, England Public Consultation on Ethics Review of Social Care: Options Appraisal and Guidelines.</p> <p>We would like to welcome any researchers and practice developers, working with care homes, to join us at this fringe event.</p>
Room: Library Bar Research nurse developments in the Wellcome Trust Clinical Research Facilities (WTCRF) and how these have impacted on research nurse practice <i>Helen Pidd, Jennifer Allison, Gordon Hill, Joanne Plumb and Caroline Saunders</i> <i>Chair - Helen Pidd, Clinical and Facility Manager Manchester WTCRF</i>	<p>To give a brief introduction on the programme and introduce the speakers</p> <ul style="list-style-type: none"> • Why was it necessary to form the Nurse Managers Association, and what have been the advantages to the members – discussion how this can be applied to other nurses working in clinical research <p><i>Caroline Saunders, Clinical Nurse Manager Cambridge WTCRF</i></p> <p>Research Nurse Competency Framework – Is there a need for specific research nurse competencies – how can the model be applied to others?</p> <p><i>Gordon Hill, Nurse Manager Edinburgh WTCRF</i></p> <ul style="list-style-type: none"> • Research Nurse Activity Model – How do investigators assess nursing WTE required for studies? Can the nursing acuity model help? <p><i>Joanne Plumb, Clinical Manager Birmingham WTCRF</i></p> <ul style="list-style-type: none"> • Open discussion of future developments to include non-WT CRF's in the NM association and for all research nurses to tap into the ongoing education programmes <p><i>Jennifer Allison, Senior Nurse Manager Southampton WTCRF</i> <i>Closing remarks by Chair Helen Pidd</i></p>
Room: Grand 5 Ethics of Publishing (for Editors) <i>Roger Watson</i>	<p>This session is primarily directed at Editors and Publishers and is designed to stimulate a discussion about issues that arise in the course of our work where authors do not seem to understand that what they are doing may be unethical. The session is aimed at arriving at some shared values, ways of handling any situations that arise and preventing unethical behaviour on behalf of authors. Unethical behaviour on behalf of authors includes plagiarism of others, self-plagiarism, submitting the same paper to more than one journal and failing to acknowledge that pieces of work have been published before.</p> <p>The session will explore how and why these problems arise, action by editors and publishers and ways of working across different journals and publishing houses.</p>
Room: Rotunda Primary Care Nursing Research Network <i>Vari Drennan and Fiona Ross</i>	<p>The Network was formed to help nurses, midwives and health visitors build a stronger research presence in primary health care. The Network mainly operates through the internet. It is for nurses, midwives and health visitors involved or interested in research in primary health care. It is intended to assist network building through communication on:</p> <ol style="list-style-type: none"> a) current research b) relevant policy & funding issues c) knowledge and skills sharing d) helping develop collaborations <p>This Fringe meeting offers the opportunity to network with others from within and outside the UK. It also offers the opportunity to consider two issues through a facilitated discussion:</p> <ul style="list-style-type: none"> • Are the resources for primary care research diminishing and what can be done about that? • How can the network help the RCN 2004 Position Paper on Promoting Excellence in Care through Research and Development reflect primary care and public health services? <p>We look forward to meeting you.</p>

Room: Dublin

Nurturing & Supporting nursing research in NHS Trusts

Angela Grainger, King's College Hospital NHS Trusts

In sharing the experiences of my own trust, this fringe event is an opportunity for those leading the development of R&D in the NHS to network and to share good practice in widening patient access to evidence-based nursing practice. Although the Department of Health in the 1990s emphasised the need to expand and embed effective clinical and evidence-based practice (DOH, 1993, 1996), as we know it was the Briggs Report (1972) that advocated the need to incorporate research into nurse education and therefore practice, in order to improve the quality of care. Much change has happened since then not least for the nursing profession, and for the organisations providing care under the National Health Service and it is timely for us to consider what has been achieved, and what yet remains to be done in order to continue to bridge the theory practice gap.

To start the networking session there will be a short presentation on the work being done at King's College Hospital NHS Trust to:

- raise research awareness, capacity and capability at all levels of the profession.
- improve communication pathways for the dissemination of research findings.
- develop research practitioner career pathways
- engage expert assistance on writing for publication & conference presentation
- identify topics that require research, & commissioning these studies in-house.

The overall aim of the fringe event is to share and discuss the nursing research initiatives we all have in place and to explore opportunities for the further progression of evidence based nursing practice, whilst we also consider how we might overcome any ongoing barriers to the development of nursing research.

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- 09.00** Registration, poster and exhibition viewing (Europa)
- 11.00** **Welcome to Northern Ireland (Location: Spires Conference Centre)**
Professor Hugh McKenna, Chair, RCN International Nursing Research Conference Organising and Scientific Committee
- 11.10** **Chair's opening remarks**
Professor Kate Gerrish, Chair, RCN Research Society
- 11.15** **Presentation of the Marjorie Simpson New Researchers' Award in association with the Journal of Advanced Nursing**
- 
- 11.20** **Keynote address: Supporting and promoting nursing research**
Professor Richard Barnett, Acting Vice Chancellor, University of Ulster, Belfast
- 12.00** **Lunch, exhibition and poster viewing**

13.30 – 15.00 Concurrent session 1 (Europa Hotel)

	1.1 Room: Grand 4 Chair: Tony Long	1.2 Room: Edinburgh Chair: Ann McMahon	1.3 Room: Rotunda Chair: Carol Haigh	1.4 Room: Copenhagen Chair: Andrea Nelson	1.5 Room: Grand 5 Chair: Leslie Gelling
13.30	1.1.1 An exploration of parental adaptation following the birth of a child with a congenital limb deficiency Susan Kerr, Senior Research Fellow, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, Scotland Co authors: Jean McIntosh and Christina Knussen	1.2.1 Developing an organisational framework that provides a corporate focus for practice development Dawn Connolly, Senior Nurse Researcher, Directorate of Nursing & Quality, Craigavon Area Hospital, Armagh, Northern Ireland. Co author: Peter O'Halloran, Lecturer, School of Nursing, Queens University, Belfast	1.3.1 Joined up services for older people: Reality or aspiration Glenda Cook, Principal Lecturer, Nursing, Midwifery and Allied Health Professions Research and Development Unit, University of Northumbria at Newcastle, Newcastle, England. Co authors: Brendan McCormack, Jan Reed, Elizabeth Mitchell, Sue Childs & Amanda Hall	1.4.1 Results of the pilot study of a randomised controlled trial to evaluate the effectiveness of aromatherapy massage with 1% Santalum album (Sandalwood) when compared with massage with Sweet Almond Carrier oil, or Sandalwood oil via an aromastone in reducing levels of anxiety in palliative care. Gaye Kyle, Senior Lecturer, Faculty of Health & Human Science, Thames Valley University, Slough, England. Co author: Jane Bake	1.5.1 Primary care nursing in England: Issues in developing the workforce Vari Drennan, Senior Lecturer, Department of Primary Care & Popular Sciences, Royal Free and UCL Medical School, University College London, England. Co authors: Sarah Andrews & Rajinder Sidhu
14.00	1.1.2 The smacking controversy: What advice should we give to parents? Susan Redman, Lecturer, School of Nursing and Midwifery, University of Dundee, Scotland, Dundee	1.2.2 A 360-degree approach to evaluation research: Making your findings count Helen Hancock, Research Fellow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle, England. Co author: Steve Campbell	1.3.2 Towards relationship-centred care in care homes Christine Brown Wilson, Lecturer in Older People's Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, England.	1.4.2 The effectiveness of the use of antenatal reflexology on the intranatal period Jenny McNeill, Researcher, School of Nursing and Midwifery, Queens University, Belfast, Northern Ireland. Co author: Fiona Alderdice	1.5.2 Partners in care. Investigating community nurses' understanding of an interdisciplinary team-based approach to primary care Mary O'Neill, Community Nurse Advisor, Nursing Policy Division, Department of Health and Children, Dublin, Ireland.
14.30	1.1.3 Children's awareness of the inside of their bodies and the potential effect on health education interventions Alison Tonkin, NVQ Tutor / Verifier - Early Years Care and Education, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, England. Co authors: Sally Kendall and David Messer	1.2.3 The experiences and perceptions of NHS nurses undertaking nursing research in the clinical setting Val Woodward, Senior Lecturer, Institute of Health Studies, University of Plymouth, Plymouth, England. Co authors: Christine Webb and Morag Prowse	1.3.3 Transformational research Sally Hardy, Senior Research Fellow, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England. Co author: Angie Titchen	1.4.3 Why parachutes don't work: Using randomised controlled trials in establishing an evidence base for complementary therapies Bruce Lindsay, Deputy Director, Nursing and Midwifery Research Unit, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England	1.5.3 Situating themselves in practice: general practice nurses' perspectives on role and role change Fiona Bell, PhD Student, School of Nursing and Midwifery, University of Dundee, Dundee, Scotland

13.30 - 15.00 Symposium 1

Room: Spires - Minor

Influences on the initiation and duration of breastfeeding in regional Australian women

Led by: Hegney Desley, School of Medicine, University of Queensland, Toowoomba, Australia.

Co presenters: Tony Fallon, Maxine O'Brien, Wendy Brodribb and Jackie Doolan

13.30 - 15.00 Symposium 2

Room: Spires - Main hall

Supporting families whose children having disabling conditions and illnesses

Led by: Roy McConkey, School of Nursing, University of Ulster, Co Antrim, Northern Ireland.

Co presenters:

Rosario Baxter, School of Nursing, University of Ulster, Coleraine, Northern Ireland
Owen Barr, School of Nursing, University of Ulster, Londonderry, Northern Ireland
Eamonn Slevin, School of Nursing, University of Ulster, Jordanstown, Northern Ireland
Maria Truesdale, School of Nursing, University of Ulster, Jordanstown, Northern Ireland

1.6 Room: Amsterdam Chair: Ann Caress	1.7 Room: Library Bar Chair: Martin Johnson	1.8 Room: Dublin Chair: Jane Hardicre
1.6.1 Integrated working practices: The perceptions of nursing professionals and their managers of delivering continuity of care through integrated community mental health teams (CMHTs) and in-patient services <i>Ruth Belling, Senior Research Fellow, Faculty of Health, London South Bank University, London, England</i>	1.7.1 Recruiting minorities remains a challenge <i>Amena Dilmohamed, Research Nurse, Clinical Research, Education Effectiveness and Education, The Whittington Hospital, London, England</i>	1.8.1 Can one predict who will drop out of nurse education? <i>Laurence Moseley, Professor of Health Services Research, School of Care Sciences, University of Glamorgan, Pontypridd, Wales. Co author: Donna Mead</i>
1.6.2 Providing best practice harm reduction services for injecting drug users <i>Briege Quinn, Nursing Team Leader/Lecturer, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co author: Michael Foley</i>	1.7.2 The dilemmas of researching patients with a poor prognosis (6-12 months) <i>Lynne Kilbride, Senior Lecturer – Research, School of Acute and Continuing Care Nursing, Napier University, Edinburgh, Scotland</i>	1.8.2 A comparison of stress levels experienced by first and second year nursing students: in Northern Ireland <i>Una Lynch, Lecturer (Public Health), School of Nursing and Midwifery, Queens University Belfast, Northern Ireland</i>
1.6.3 Managing personality disorders: Making positive connections <i>Annette Duff, Nurse Consultant, Norfolk Mental Health Care Services, Norwich Clinic, Norwich, England.</i>	1.7.3 Critical application of Johari Window in the development of clinical nurse specialist practice using existentialist narrative inquiry <i>Elizabeth Henderson, Network Lead Cancer Nurse, Oncology Haematology, Belfast City Hospital, Belfast, Northern Ireland</i>	1.8.3 The evolution of identity in the transition from student to nurse: The Maltese neophyte nurses' experiences <i>Michelle Camilleri, Lecturer, Department of Nursing, Institute of Health Care, Msida, Malta</i>

13.30 – 15.00 Workshop 1

Room: Spires - Boardroom

Writing for Publication

Helga Bragadóttir, Science Institute, University of Iceland, Reykjavik, Iceland

15.00 - 15.45 Refreshments, poster and exhibition viewing

15.45 – 16.45 Concurrent session 2 (Europa Hotel)

	2.1 Room: Grand 4 Chair: Andrea Nelson	2.2 Room: Library Bar Chair: Susan Read	2.3 Room: Edinburgh Chair: Carol Haigh	2.4 Room: Copenhagen Chair: Annie Topping	2.5 Room: Dublin Chair: Kate Gerrish
15.45	2.1.1 A cluster-randomised controlled trial to evaluate a policy of making hip protectors available to residents of nursing homes <i>Peter O'Halloran, Lecturer, School of Nursing, Queens University, Belfast, Northern Ireland. Co authors: G W Cran, T R O Beringer, WG Kernohan, C O'Neill, J Orr, L Dunlop, L J Murray</i>	2.2.1 Learning effectively from qualitative research on drug administration errors <i>Gerry Armitage, Lecturer and Researcher Development Award Holder (DoH) 2004-7, Department of Nursing, University of Bradford, Bradford, England. Co author: Ian Hodgson</i>	2.3.1 Care pathways do they make a difference? Nurses perceptions of its impact of the Liverpool care of the dying pathway in the acute hospital setting <i>Barbara Jack, Senior Lecturer, Department of Health Studies, Edge Hill College/Marie Curie Centre Liverpool, Liverpool, England. Co authors: Maureen Gambles, Debra Murphy & John Ellershaw</i>	2.4.1 Evaluating the impact of a tailored training programme on co-existing substance misuse and mental health problems: a randomised controlled trial <i>Hazel Watson, Professor of Nursing, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, Scotland. Co author: Alison Munro</i>	2.5.1 Ideal nurses: The social construction of emotional labour <i>Debra Mazhindu, Principal Lecturer, Research, School of Nursing, Faculty of Health & Social Care, Liverpool John Moores University, Liverpool, England.</i>
16.15	2.1.2 A study of institutional Care for old people in Taiwan <i>Shu-Chen Wu, Lecturer at the Tzu-Chi College of Technology in Taiwan, PhD student at Leeds Metropolitan University, Leeds, England. Co authors: Keith Cash, Alan White and Sally Foster</i>	2.2.2 Attitudes, beliefs and knowledge in nurses pre and post the implementation a computerised system to communicate medication errors <i>Teresa Diaz Navaraz, Nurse Manager, Department of Quality, Clinica Universitaria de Navarra, Pamplona, Spain. Co author: Elena Beortegui</i>	2.3.2 Pathways to innovation in health care <i>Sara Christian, Research Associate, Nursing Research Unit, King's College London, England. Co authors: Sally Redfern & Fiona Ross</i>	2.4.2 Concordance with anti-depressant medication. Influences on decision making by people treated for depression in primary care <i>Frances Badger, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England. Co author: Peter Nolan</i>	2.5.2 Exploring the emotional labour within PALS <i>Julienne Meyer, Professor, Adult Nursing, City University, London, England. Co authors: Anne Lanceley, Jane Bentley & Stephen Abbott</i>

15.45 – 16.45 Workshop 2

Location: University of Ulster

Due to the nature of this hands on workshop, this will be held in the computer suite at the University of Ulster. Please book your attendance at this workshop with the registration team
 Transport will be provided - departing from the Europa at 15.10 and will return to the Europa at the end of the Workshop

QSR NVivo – an introductory workshop

Gina Dolan & Glynis Bennett, School of Care Sciences, University of Glamorgan, Pontypridd, Wales.

17.00 Question Time

Location: Spires Conference Centre - Main Hall

Chair: Wendy Austin, BBC

Panel: Professor Roger Watson, University of Hull, Hull, England
 Professor Ruth Ludwick, Kent State University, Kent, USA
 Professor Donna Mead, University of Glamorgan, Pontypridd, Wales
 Professor Julienne Meyer, City University, London, England

An opportunity to present questions to esteemed colleagues and benefit from their insight!
 Questions must be submitted in advance.

18.00 Close of day one

19.30 Welcome reception

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2.6 Room: Rotunda Chair: Tony Long	2.7 Room: Grand 5 Chair: Martin Johnson	2.8 Room: Berlin Chair: Alison Twycross	2.9. Room: Amsterdam Chair: Dot Chatfield
2.6.1 Methodological issues experienced in administering paediatric quality of life questionnaires <i>Sam Rogers, Research Associate, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England. Co authors: Linda Milnes and Peter Callery</i>	2.7.1 Some viewpoints on transcultural nursing on exchange: student nurses' perceptions <i>Raija Kokko, Senior Lecturer, Department of Nursing, School of Health Care, Tampere, Finland</i>	2.8.1 Taking a critical look at practice development: a two part study <i>Robert Garbett, Research Fellow, Nursing Development Centre, University of Ulster & Royal Hospitals Trust, Belfast, Northern Ireland. Co author: Brendan McCormack</i>	2.9.1 Living with MS: The carer's perspective <i>Alison While, Professor of Community Nursing, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Lucia Mathes and Angus Forbes</i>
2.6.2 Newly diagnosed childhood diabetes: a psychosocial transition for parents? <i>Lesley Lowes, Research Fellow/ Practitioner (Paediatric Diabetes), School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, Wales. Co authors: John Gregory & Patricia Lyne</i>	2.7.2 An evaluative study of first year nursing students perceptions, opinions and attitudes towards the objective structured clinical examination as a means of assessment of clinical skills <i>Debra Rainey, Nurse Lecturer, School of Nursing & Midwifery, Queen's University, Belfast, Northern Ireland.</i>	2.8.2 Developing person centred rehabilitation <i>Robert Garbett, Research Fellow, Nursing Development Centre, University of Ulster & Royal Hospitals Trust, Belfast, Northern Ireland. Co authors: Rosemary McDonald & Iris Harrison</i>	2.9.2 A multi-method evaluation of the Multiple Sclerosis Society Funded Nurse Programme (MSSNFP) <i>Angus Forbes, Research Fellow, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Lucia Mathes and Alison While</i>

- 08.15 Registration:**
- 08.45 Chair's opening remarks** (Location: Spires Conference Centre – Main Hall)
Professor Hugh McKenna, Dean, University of Ulster, Northern Ireland
- 08.55 Plenary: Doctoral dissertation research: quality issues**
Mi Ja Kim, Professor and Dean Emerita, College of Nursing, University of Illinois at Chicago, USA
- 09.45 Close of plenary**



10.00 – 11.00 Concurrent session 3 (Europa Hotel)

	3.1 Room: Copenhagen Chair: Mary Cooke	3.2 Room: Dublin Chair: Tony Long	3.3 Room: Amsterdam Chair: Lorraine Smith	3.4 Room: Rotunda Chair: Joan McDowell	3.5 Room: Berlin Chair: Jane Hardicre
10.00	3.1.1 Discursive practices in the care of the agitated patient <i>Kate Irving, Lecturer, School of Nursing, University College Dublin, Ireland</i>	3.2.1 Changes in rural children's eating and activity patterns over a five-year period <i>Patricia Canning, Professor, Department of Education, Memorial University, St. John's, NL, Canada. Co authors: Shirley Solberg & Lynn Frizzell</i>	3.3.1 Being a surgical nurse: How qualified registered nurses cope with working within the surgical area, a longitudinal study <i>Carolyn Mackintosh, Senior Lecturer, Division of Nursing, University of Bradford, Bradford, England</i>	3.4.1 The impact of chronic heart failure on daily life in an elderly population: Validation of the Minnesota living with heart failure questionnaire <i>Kristofer Franzen, Lecturer in Nursing, Dept. of Health & Behavioural Sciences, Kalmar University, Kalmar, Sweden. Co authors: Kerstin Blomqvist & Britt-Inger Saveman</i>	3.5.1 Rituals and care in perinatal death: Representations in British midwifery textbooks 1937 - 2004 <i>Joan Cameron, Academic Team Leader – Midwifery, School of Nursing and Midwifery, Dundee University, Dundee, Scotland. Co authors: Julie Taylor & Alexandra Charnock Greene</i>
10.30	3.1.2 Congregational rituals in dementia; a qualitative analysis of a Christian prayer group <i>Patricia Higgins, Nursing Team Leader, Downs Day Hospital, Sutton Hospital, Surrey</i>	3.2.2 A survey of primary schools' use and perceptions of the school nursing service <i>Frances Badger, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England.</i>	3.3.2 A phenomenological study asking what makes doctors and nurses feel valued and not valued within their professional roles in an acute NHS setting <i>Kate Beaumont, Patient Safety Manager, National Programmes, National Patient Safety Agency, London, England</i>	3.4.2 Using interpretive phenomenology to gain adults perspective of living with congenital heart disease: The researcher's perspective of the research process <i>Joy Lyon, PhD Candidate, Institute of Health & Community Studies, Bournemouth University, Bournemouth, England</i>	3.5.2 Evaluating the clinical effectiveness of neonatal nurse practitioners: an exploratory study <i>Leslie Woods, Principal Lecturer in Practice Development, Faculty of Health and Social Care, London South Bank University, London, England</i>

10.00 - 11.00 Symposium 3:

Room: spires - Minor

The clinical education project

Led by: Annette Jinks, Professor, Faculty of Health Sciences, Staffordshire University, Stafford, England. Co presenters: Amelia Sawyer, David Latham, Joan Ashdown-Lambert, Helen Colley, Wynne Thomas, Stephanie Tooth and Sue Bowers

10.00 - 11.00 Workshop 3

Room: Spires: Boardroom

Creating evidence users: Transforming traditional research curricula using an evidence-based practice framework

Rona Levin, Lienhard School of Nursing, Pace University, Pleasantville, NY

11.40 – 12.40 Concurrent session 4 (Europa Hotel)

	4.1. Room: Edinburgh Chair: Susan Read	4.2. Room: Grand 4 Chair: Lorraine Smith	4.3. Room: Copenhagen Chair: Leslie Gelling	4.4. Room: Amsterdam Chair: Martin Johnson	4.5 Room: Library Bar Chair: Kate Gerrish
11.40	4.1.1 The value of a mixed methodology within an international study <i>Corrado Valle, Community Rehabilitation Nurse/Doctoral student, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England</i>	4.2.1 Q-methodology: Exploring the nature of mental health nurses' knowledge <i>Janet Barker, Senior Health Lecturer (Mental Health), School of Nursing, Nottingham University, Nottingham, England</i>	4.3.1 Trials versus treatment: Social factors that influence enrollment in hepatitis C clinical trials <i>Susan Instone, Associate Professor of Nursing, Hahn School of Nursing, University of San Diego, San Diego, California, USA. Co author: Tari L Gilbert</i>	4.4.1 Student learning in practice settings: What support system best fits the need? Evaluating the old and the new <i>Anthony Wilson, Senior Lecturer, School of Nursing & Midwifery, Robert Gordon University, Aberdeen, Scotland. Co author: Llinos Gass</i>	4.5.1 Patients' views on the processes of their discharge from acute hospital care <i>Joseph Cortis, Senior Lecturer, School of Healthcare, University of Leeds, Leeds, England</i>
12.10	4.1.2 Managing the challenges of an international study <i>Corrado Valle, Community Rehabilitation Nurse/Doctoral student, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England</i>	4.2.2 Psychiatric nurses' preventive work with adult persons on sick-leave <i>Birgitta Hedelin, Senior Lecturer, Division for Health and Caring Sciences, Karlstad University, Karlstad, Sweden</i>	4.3.2 Expertise and the use of expert panels in nursing research: a reflection on the issues <i>Charles Hendry, Lecturer, School of Nursing & Midwifery, University of Dundee, Dundee, Scotland</i>	4.4.2 Practice based learning and dyslexia <i>Jo Sanderson-Mann, Research Associate, School of Nursing, University of Nottingham, Nottingham, England. Co authors: Fiona McCandless & Heather Wharad</i>	4.5.2 The appropriateness of elective referrals from primary to secondary care: the patient perspective <i>Alison White, Professor of Community Nursing, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Brian Johnston & Brian Fisher</i>

3.6 Room: Grand 5 Chair: Marilyn Kirshbaum	3.7 Room: Library Bar Chair: Barbara Jack	3.8 Room: Grand 4 Chair: Martin Johnson	3.9 Room: Edinburgh Chair: Steve Campbell
3.6.1 Follow-up care in breast cancer: is it necessary? <i>Ellis McCaughan, Lecturer in Cancer Nursing, School of Nursing, University of Ulster, Co Londonderry, Northern Ireland. Co author: Oonagh McSorley</i>	3.7.1 Evaluating the use of nursing best practice statements <i>Nicola Ring, Lecturer, Department of Nursing & Midwifery, University of Stirling, Stirling, Scotland. Co author: Cari Malcolm</i>	3.8.1 Interviewing people with dementia using video recording as a data collection tool: ethical and methodological considerations <i>Rhonda Knight, Senior Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, England</i>	3.9.1 Developing a best practice framework for R&D <i>Tanya McCance Senior Professional Officer, Northern Ireland Practice & Education Council, Belfast, Northern Ireland. Co authors: Donna Fitzsimons & Nicola Armstrong</i>
3.6.2 The information needs of lung cancer patients who may operable. Are they being met? <i>Heather Kelly, Research Nurse, Thoracic Department, Bradford Hospitals NHS Trust, Bradford, England</i>	3.7.2 Evaluating complex health care interventions <i>Bronagh Blackwood, Lecturer, School of Nursing & Midwifery, Queens University, Belfast, Northern Ireland.</i>	3.8.2 An investigation of wandering in older people with dementia living in a nursing home <i>Jan Dewing, Independent Consultant Nurse and Senior Fellow, Royal College of Nursing Institute, Practice Development Team, London, England.</i>	3.9.2 Activity of health care providers in relation to key aspects of nursing research and development in Northern Ireland <i>Donna Fitzsimons, Lecturer University of Ulster, Research Facilitator Belfast City Hospital, Project Officer NIPEC, Belfast, Northern Ireland. Co authors: Tanya McCance & Nicola Armstrong</i>

11.00 - 11.40 Refreshments, poster and exhibition viewing

4.6 Room: Dublin Chair: Ann Caress	4.7 Room: Berlin Chair: Andrea Nelson	4.8 Room: Rotunda Chair: Alan White	4.9 Room: Grand 5 Chair: Tony Long
4.6.1 Findings from a national evaluation of NHS Cadet Schemes <i>Ian Norman, Professor of Nursing & Inter-disciplinary Care, Florence Nightingale School of Nursing and Midwifery, King's College London, England. Co authors: Jan Draper & Roger Watson</i>	4.7.1 Patient perspectives in COPD - occupational participation and pulmonary rehabilitation <i>Veronika Zihl, M.Phil/PhD student, School of Health Professions & Rehabilitation Sciences, University of Southampton, Southampton, England. Co authors: Kathryn McPherson, Anne Bruton & Caroline Ellis-Hill</i>	4.8.1 Health status of residents in selected coastal communities a decade following the east coast fishery closure <i>Lan Gien, Professor, School of Nursing, Memorial University of Newfoundland, St. John's, NF, Canada. Co authors: Maureen Laryea & Albert Kozma</i>	4.9.1 Critical questions about client-centred approaches to health promotion: the case of adolescents and sex education <i>Abbey Hyde, Senior Lecturer, School of Nursing & Midwifery, University College Dublin, Ireland. Co authors: Jonathan Drennan, Etaine Howlett & Dympha Brady</i>
4.6.2 The Bachelor of Nursing degree at the University of Manchester: a historical study of an innovation in nursing education <i>Christine Hallett, Senior Lecturer, School of Nursing, Midwifery & Health Visiting, Manchester University, Manchester, England</i>	4.7.2 Promoting physical activity for older people in Taiwan with grade I and II hypertension through a community-based inter-vention: A randomised controlled trial <i>Lee Ling-Ling, Lecturer in School of Nursing, TzuChi College of Technology, Taiwan; PhD student in School of Nursing, University of Nottingham, Nottingham, England. Co authors: Anthony Arthur & Mark Avis</i>	4.8.2 Lay men, health and well-being <i>Steve Robertson, Research Fellow, Institute for Health Research, Lancaster University, Lancaster, England</i>	4.9.2 A survey of school health nurses in Wales regarding their role in public health <i>Carwen Earles, Head of Child Health Centre, School of Health Science, University of Wales Swansea, Wales</i>

12.40 - 14.00 Lunch, exhibition and poster viewing

Wednesday 9 March 2005

14.00 – 15.30 Concurrent session 5 (Europa Hotel)

	5.1 Room: Library Bar Chair: Andrea Nelson	5.2 Room: Grand 4 Chair: Joan McDowell	5.3 Room: Edinburgh Chair: Janet Ball	5.4 Room: Dublin Chair: Carol Haigh	5.5 Room: Copenhagen Chair: Jane Hardacre
14.00	5.1.1 Investigating the care trajectory of elderly patients with comorbidities in the acute care setting <i>Glenn Gardner, Professor of Clinical Nursing, School of Nursing, Queensland University of Technology, Brisbane, Australia. Co author: Sonya Osborne</i>	5.2.1 Are you depressed? The wrong question for the diagnosis of late life depression <i>Heather Burroughs, Research Associate, School of Primary Care, Manchester University, Manchester, England. Co author: Carolyn Chew-Graham</i>	5.3.1 People who access services and their role in inter-professional learning <i>Sian Maslin-Prothero, Senior Lecturer, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co author: Steve Dear</i>	5.4.1 How do nurses engage in online learning? <i>Shalni Gulati, PhD Candidate, Department of Continuing Education, City University, London, England.</i>	5.5.1 Using enquiry in learning: From vision to reality in higher education <i>Maria Horne, Lecturer in Health Visiting, The School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England. Co authors: Liz Morgan, Denise Megson, Kath Woodhead & Lynda Smithies</i>
14.30	5.1.2 Caring for older people in pre-hospital emergency care: can nurses make a difference? <i>Vidar Melby, Senior Lecturer, Department of Nursing, University of Ulster, Derry, Northern Ireland</i>	5.2.2 Perspectives on electroconvulsive therapy: the work of mental health nurses <i>John Gass, Senior Lecturer, Department of Nursing & Midwifery, The Robert Gordon University, Aberdeen, Scotland</i>	5.3.2 Attitude and opinion changes amongst nursing students following an inter-professional curriculum: a longitudinal study in one faculty in England <i>Katherine Pollard, Research Fellow, Faculty of Health and Social Care, University of the West of England, Bristol, England. Co author: Margaret Miers & Mollie Gilchrist</i>	5.4.2 Online learning developments in healthcare education in the USA <i>Shalni Gulati, PhD Candidate, Department of Continuing Education, City University, London, England.</i>	5.5.2 From hospital to home. Perceptions of neurological patients and carers about nursing orientation for social life <i>Maria Carmen Portillo, Lecturer, School of Nursing, University of Navarra, Pamplona, Spain. Co authors: Jenifer Wilson-Barnett, Sarah Cowley, Juana Mari Senosiain, Mari Mar Alzate, Ana Belen Zudaire, Amaia Garzaron & Rocio Ortiz</i>
15.00	5.1.3 A study to determine the appropriate case mix for a district nurse-led elderly hospital at home team <i>Margaret Edwards, Lecturer, Florence Nightingale School of Nursing & Midwifery, King's College London, England.</i>	5.2.3 Understanding the meaning of mental health and illness in an urban nicaraguan barrio: A focused mini-ethnography <i>Rick Zoucha, Associate Professor, School of Nursing, Duquesne University, Pittsburgh, PA, USA. Co authors: Leah Vota Cunningham & Janet Gross</i>	5.3.3 Thinking across professional boundaries: Strengths, weaknesses, opportunities and threats posed by the development of a postgraduate inter-professional educational research initiative <i>Ann Wakefield, Lecturer in Nursing, School of Nursing, Midwifery & Health Visiting, The University of Manchester, Manchester, England. Co authors: Peter Callery & Isobel Braidman</i>	5.4.3 Can 'Learndirectuk' help student nurses? An evaluation of first year student nurses use of a national resource to develop mathematical skills for nursing practice <i>Carol Hall, Senior Health Lecturer, School of Nursing, University of Nottingham, Nottingham, England. Co authors: Sian Davies & Christopher Jones</i>	<i>Paper either withdrawn or moved within the programme</i>

14.00 – 15.30 Symposium 4

Room: Spires - Minor

Through a long lens: A historical appraisal of care for people with long term conditions

Led by: Stephanie Kirby, Faculty of Health & Social Care, University of the West of England, Bristol, England

Co presenters: John Adams, Academic Programme Leader (Master of Studies Degree) Homerton School of Health, University of Cambridge, Cambridge, England.

Matthew Godsell, Senior Lecturer Faculty of Health & Social Care University of the West of England, Bristol, England

14.00 – 15.30 Symposium 5

Room: Spires - Boardroom

The challenges of supporting vulnerable adults to take part in research: legal, ethical and practice implications

Led by: Ruth Northway, School of Care Sciences, University of Glamorgan, Pontypridd, Wales

Co presenters: Paul Wheeler, Senior Lecturer, Christine Hutchinson, Consultant Nurse, Ian Mansell, Principal Lecturer & Robert Jenkins, Principal Lecturer Older People

5.6 Room: Amsterdam Chair: Annie Topping	5.7 Room: Berlin Chair: Alan White	5.8 Room: Rotunda Chair: Ann McMahon	5.9 Room: Grand 5 Chair: Lorraine Smith
5.6.1 Nursing the clinics, nursing the patient: Nurses' experience of day hospital chemotherapy <i>Sonja McIlpatrick, Lecturer in Nursing, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Kate Sullivan and Hugh McKenna</i>	5.7.1 The nursing contribution to the development of critical care: Weaning from mechanical ventilation a nursing technology? <i>Cheryl Crocker, Nurse Consultant, Critical Care, Nottingham City Hospital, Nottingham, England</i>	5.8.1 Whither survey research? The challenges of undertaking survey research among nurses within the current framework for research governance <i>Kate Gerrish, Professor of Nursing Practice Development, Community, Ageing, Rehabilitation, Education and Research, University of Sheffield, Sheffield, England. Co authors: Rosamund Bryar, Sally Kendal, Susan Read & Jo Cooke</i>	5.9.1 Understanding phenomenology <i>Angie Titchen, Senior Research & Practice Development Fellow, RCN Institute, London & Clinical Chair, Evidence-Based Practice, Fontys University, The Netherlands</i>
5.6.2 Enhancing cancer trial management: an intervention study of the impact of providing information and support to patients in phase I and II anti-cancer drug trials at trial conclusion <i>Karen Cox, Professor in Cancer & Palliative Care, School of Nursing, Nottingham University, Nottingham, England. Co authors: Eleanor Wilson, Lynn Osborne & Katherine Clayton</i>	5.7.2 Caring and communicating in a short time: discussion of findings from a study of an acute medical admissions unit <i>Pauline Griffiths, Senior Lecturer, School of Health Science, University of Wales Swansea, Wales</i>	5.8.2 Demystifying reliability and validity in research <i>Michael Traynor, Professor of Nursing, School of Health & Social Sciences, Middlesex University, London, England. Co authors: Bill Watson & Paula Roberts</i>	5.9.2 Using interpretative phenomenological analysis in an exploratory study concerning sexuality and sexual identity <i>Paul Wheeler, Lecturer in Learning Disability Nursing, Department of Care Science, University Glamorgan, Glamorgan, Wales</i>
5.6.3 Identifying the education and information needs of patients about genetic predisposition to cancer <i>Alison Metcalfe, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England. Co authors: Julie Werrett & Lucy Burgess</i>	5.7.3 Leaving the coronary care unit a phenomenological exploration of the patient's experience <i>Caroline Brown, Specialist Nurse Cardiology, Clinical Trial Research, Belfast City Hospital Trust, Belfast, Northern Ireland</i>	5.8.3 Statistical issues in research published in nursing journals <i>Nicola Crichton, Reader in Medical Statistics, Faculty of Health & Social Care, London South Bank University, London, England</i>	5.9.3 Dross - or diamonds? Dealing with unexpected findings in qualitative research <i>Josephine Gibson, Vascular Nurse Consultant, Department of Surgery, Southport and Ormskirk Hospital NHS Trust, Southport, England. Co author: Caroline Watkins</i>

14.00 – 15.30 Symposium 6

Room: Spires - Main Hall

Learning from our troubled past: Northern Ireland 1969 -1998

Led by: Jean Orr, Professor of Nursing & Midwifery, Queen's University, Belfast, Northern Ireland

Co presenters: Una Lynch & John Power

15.30 - 16.15 Refreshments, poster and exhibition viewing

Wednesday 9 March 2005

16.15 – 17.45 Concurrent session 6 (Europa Hotel)

	6.1 Room: Edinburgh Chair: Barbara Jack	6.2 Room: Grand 4 Chair: Debbie Fallon	6.3 Room: Copenhagen Chair: Debra Salmon	6.4 Room: Library Bar Chair: Mary Cooke	6.5 Room: Dublin Chair: Tony Long
16.15	6.1.1. A conceptual framework for targeting research dissemination interventions <i>Marilyn Kirshbaum, Lecturer, Acute and Critical Care, University of Sheffield, Sheffield, England</i>	6.2.1 Birth technology competence <i>Kenda Crozier, Lecturer in Midwifery, University of East Anglia, Norwich, England. Co authors: Marlene Sinclair, George Kernohan & Sam Porter</i>	6.3.1 A phenomenological study exploring the patients' experience and views on the structure and content of an intervention for patients waiting for coronary artery bypass surgery <i>Maria Mooney, Cardiac Rehabilitation Nurse, Cardiology Dept, Belfast City Hospital, Belfast, Northern Ireland. Co author: Donna Fitzsimons</i>	6.4.1 Building primary care nurse research capacity using qualitative methods <i>Caroline Gunnell, Nurse Practitioner/Research Governance Coordinator/Programme Lead, Epping Forest PCT, Epping, England. Co author: Stephen Abbott</i>	6.5.1 Specialist services and older people <i>Margaret Cook, Senior Research Assistant, Nursing, Midwifery and Allied Health Professions Research and Development Unit, University of Northumbria at Newcastle, Newcastle, England. Co authors: Pamela Inglis, Jan Reed, Glenda Cook and Charlotte Clarke</i>
16.45	6.1.2 Evaluating evidence-based practice across an NHS trust. A participatory action research study <i>Angela Thompson, Head of Standards, Chief Nurses Office, Addenbrookes Hospital, Cambridge, England. Co author: Alison Gray</i>	6.2.2 They just kept talking about bishops and spines and things: Women's experiences of vaginal examination in labour <i>Mary Stewart, Senior Lecturer in Midwifery, Faculty of Health & Social Care, University of the West of England, Bristol, England</i>	6.3.2 The meaning of recovery after a heart attack: implications for nurses <i>Angela Tod, Nursing Research Fellow, Department of Acute & Critical Care Nursing, Sheffield Teaching Hospitals Trust/ University of Sheffield, Sheffield, England</i>	6.4.2 Evolution and diversification of nurses in relation to public health: Job opportunities in England, Scotland and Northern Ireland and the use of public health policy to underpin recruitment <i>Sue McBean, Lecturer in Nursing, Department of Nursing, University of Ulster, Coleraine, Northern Ireland</i>	6.5.2 Implementing a new health visiting service: An action research project <i>Alison Smith, Principal Lecturer, Centre for Health & Social Care Research, Canterbury Christ Church University College, Canterbury, England</i>
17.15	<i>Paper either withdrawn or moved within the programme</i>	6.2.3 Fit for the future: Using diverse research methods to approach a public health problem <i>Anne Lacey, Senior Research Fellow, SCHARR, University of Sheffield, Sheffield, England. Co author: Hayley Norwood</i>	6.3.3 Get me out of here: Cardiac patients experiences of transfer to a general ward <i>Angela Tod, Nursing Research Fellow, Department of Acute & Critical Care Nursing, Sheffield Teaching Hospitals Trust/ University of Sheffield, Sheffield, England</i>	6.4.3 Development of a health promotion program for street children in Bangkok, Thailand <i>Josephine Ensign, Associate Professor, School of Nursing, University of Washington, Seattle, USA</i>	<i>Paper either withdrawn or moved within the programme</i>

16.15 – 17.45 Symposium 7

Room: Spires - Boardroom

Postnatal Depression- Linking Research and Practice

Led by: Marlis Bunyan, University of Abertay, Tayside Institute of Health Studies, Dundee, Scotland

Co presenters: Michael Sykes & Margaret Muir

16.15 – 17.45 Symposium 8

Room: Spires - Main hall

Lessons from practice- reflecting on communication across the nursing disciplines

Led by: Fiona Timmins, School of Nursing & Midwifery, Trinity College Dublin, Ireland

Co presenters: Catherine McCabe, Lecturer, School of Nursing and Midwifery Studies, Dublin, Ireland

Colin Griffiths, Lecturer, School of Nursing and Midwifery Studies, Trinity College, Dublin, Ireland

Madeline Gleeson, Clinical Placement Co-ordinator, St.Patricks Hospital, Dublin, Ireland

Joan O'Shea, Neonatal Intensive Care, Coombe Women's Hospital, Dublin, Ireland

6.6 Room: Rotunda Chair: Carol Haigh	6.7 Room: Amsterdam Chair: Annie Topping	6.8 Room: Berlin Chair: Janet Ball	6.9 Room: Grand 5 Chair: Martin Johnson
6.6.1 Perceptions of elder abuse in Sweden among eldercare nurses, primary care personnel, policemen, church workers, and volunteers <i>Christen Erlingsson, University Lecturer in Nursing, Department of Health & Behavioural Sciences, Kalmar University, Kalmar, Sweden. Co author: Britt-Inger Saveman</i>	6.7.1 Emotions at work: The case of the British National Health Service <i>Pam Smith, Professor of Nurse Education and Director of the Centre for Research in Nursing and Midwifery Education, University of Surrey, England. Co author: Carin Magnusson</i>	6.8.1 The lived experiences of newly qualified nurses on clinical placement in the first six months following registration in the Republic of Ireland <i>Maria O'Shea, Nurse Lecturer, School of Nursing & Midwifery, University College Cork, Ireland</i>	6.9.1 Informed consent to research in a neurosciences critical care unit: the influences on decision making for relatives <i>Leslie Gelling, Research Officer, Anglia Institute of Health and Social Care, Anglia Polytechnic University, Cambridge, England. Co author: Dot Chatfield</i>
6.6.2 The social construction of patient centred care and vulnerability in older people <i>Clare Abley, Nurse Consultant - Vulnerable Older Adults, Newcastle Integrated Older People's Service, Newcastle, North Tyneside and Northumberland Mental Health NHS Trust, Newcastle, England.</i>	6.7.2 Snapshots of the common foundation programme: Themes from an emotional landscape <i>William McGowan, Senior Lecturer (Nursing), University of Brighton, Brighton, England</i>	6.8.2 Here to stay: The effects of structured learning and development for newly qualified nurses <i>Audrey Dowd, Lead Nurse, Learning & Development and Practice Development Nurse, Mater Hospital Trust, Belfast, Northern Ireland. Co authors Stephen Boyd</i>	6.9.2 Inclusionary consent: empowerment for cognitively impaired adults through shared interactions, observation and ethical discourse <i>Jeannie Donnelly, Research Fellow, Nursing Development Centre, University of Ulster and Royal Hospitals Trust, Belfast, Northern Ireland. Co author: George Kernohan</i>
6.6.3 The health promotion work of community nurses with older people in Scotland <i>Phyllis Runciman, Senior Research Fellow, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, Scotland</i>	6.7.3 Investment in patient/nurse interaction <i>Kathleen Stoddart, Senior Teaching Fellow, Department of Nursing and Midwifery, University of Stirling, Stirling, Scotland</i>	6.8.3 Retaining ideals and values in nursing: Experiences of newly qualified diploma nurses <i>Jill Maben, Lecturer & Post Doctoral Fellow, The London School of Hygiene & Tropical Medicine, London, England</i>	6.9.3 Written communication as part of the informed consent process: A role for the research nurse <i>Kanchan Vohora, Research Nurse, Primary Care Sciences Research Centre, Keele University, Keele, England. Co author: June Handy & Julie Young</i>

16.15 – 17.45 Symposium 9

Room: Spires - Minor

Realising the intended impact of the professional doctorate on practice: opportunities and constraints

Led by: Nancy Jane Lee, School of Nursing, University of Salford, Greater Manchester, England

Co presenters: Lorraine Ellis, Patric Devitt and Mary Braine

17.45

Close of day two

17.45

Journal of Research in Nursing reception, Crown Bar

SAGE Publications
40 Years 1965–2005

19.30

Civic Reception and celebration of 30 years of nursing at the University of Ulster

Location: The Waterfront



Thursday 10 March 2005

08.00 - 08.30 Registration

08.30 – 10.00 Concurrent session 7 (Europa Hotel)

	7.1 Room: Edinburgh Chair: Leslie Gelling	7.2 Room: Library Bar Chair: Susan Read	7.3 Room: Grand 4 Chair: Debra Salmon	7.4 Room: Dublin Chair: Debbie Fallon	7.5 Room: Copenhagen Chair: Martin Johnson
08.30	7.1.1 Why is gaining ethical approval so fraught with difficulty? <i>Ann Wakefield, Lecturer in Nursing, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England</i>	7.2.1 Developing shared decision-making by exploring third party involvement in consultations <i>Carol Bugge, Senior Lecturer, Department of Nursing & Midwifery, University of Stirling, Stirling, Scotland. Co authors: Ian Watt & Vikki Entwistle</i>	7.3.1 From pain to presentation. Chest pain in men and the influences on help-seeking behaviour <i>Paul Galdas, PhD Student, School of Healthcare, University of Leeds, Leeds, England. Co authors: Francine Cheater & Paul Marshall</i>	7.4.1 Practice nurses views on the issues and challenges in achieving blood pressure targets in people with type 2 diabetes: A qualitative interview study <i>Jane Stewart, Primary Care Researcher, Hucknall Health Centre, Nottingham Primary Care Research Partnership, Nottingham. Co authors: Ken Brown, Denise Kendrick & Jane Dyas</i>	7.5.1 Collecting qualitative focus group data on line: an elearning socialisation case study <i>Julie Santy, Lecturer, Faculty of Health and Social Care, University of Hull, Hull, England. Co author: Tracey Heath</i>
09.00	7.1.2 Paradoxes of research ethics on evaluating service provision for marginalised groups <i>Linda Smith, Lecturer in Health Visiting, Department of Nursing and Midwifery, The Robert Gordon University, Aberdeen, Scotland</i>	7.2.2 Nurse decision-making about confusion and restraints <i>Ruth Ludwick, Professor, College of Nursing, Kent State University, Kent, USA. Co authors: Susan Jones & Rich Zeller</i>	7.3.2 Postfoundational research: The experience of integrating theory with methods <i>Kay Aranda, Principal Lecturer, Institute of Nursing & Midwifery, University of Brighton, England</i>	7.4.2 Perceptions of health and social needs in a Bangladeshi community: Womens' and professionals' perspectives <i>Faye Kinsella, Head of Postgraduate Studies, School of Health Science, University of Wales Swansea, Wales. Co author: Joy Merrell</i>	7.5.2 Participant observation: some painful reflections <i>Julie Gregory, Acute Pain Specialist, Royal Bolton Hospital, Bolton, England.</i>
09.30	7.1.3 Cyber-space ethics : The new challenge for nurse researchers <i>Carol Haigh, Lecturer Post Graduate Studies, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, England. Co author: Neil Jones</i>	7.2.3 Some insights into children's nurses' clinical decision-making strategies <i>Alison Twycross, Senior Lecturer (Children's Nursing)/Senior Nurse (Research Development), School of Nursing, Midwifery & Community Health, Glasgow Caledonian University, Glasgow, Scotland. Co author: Lucy Powls</i>	7.3.3 Critical interactionism: Applying the critical lens to denzin's interactionism <i>Debra Sundin-Huard, School of Nursing & Midwifery, University of Newcastle, Newcastle, Australia. Co author: Professor Kathleen Fahy, Dean of the School of Nursing & Midwifery, University of Newcastle, Australia</i>	7.4.3 Sending smoke signals. An RCT evaluating nurse-led smoking cessation interventions in secondary care <i>Julie Kapur, Nurse Researcher, Respiratory Medicine, Belfast City Hospital Trust, Belfast, Northern Ireland. Co authors: Stuart Elborn & Donna Fitzsimons</i>	7.5.3 The use and value of narratives in nursing research <i>Josephine Tetley, Lecturer in Nursing, School of Nursing & Midwifery, University of Sheffield, Sheffield, England</i>

08.30 – 10.00 Symposium 10

Room: Spires - Boardroom

Building research capacity and capability: Meeting the challenge

Led by: Margaret Miers, Faculty of Health and Social Care, University of the West of England, Bristol, England

Co presenters: Nicola Eaton, Gill Hek, Elizabeth Girot & Rachel Norman

08.30 – 10.00 Symposium 11

Room: Spires - Minor

Main work-lines of a nursing research unit

Led by: Teresa Moreno Casbas, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain

Co presenters: Gema Escobar-Aguilar, Raquel Luengo-González, Ana MaBarderas-Manchado, Cristina Jones-Mallada and Alejandra Cano-Arana.

7.6 Room: Amsterdam Chair: Tony Long	7.7	7.8 Room: Rotunda Chair: Lorraine Smith	7.9 Room: Grand 5 Chair: Mary Cooke
<i>Paper either withdrawn or moved within the programme</i>	<i>Paper either withdrawn or moved within the programme</i>	<i>Paper either withdrawn or moved within the programme</i>	7.9.1 Emotional health and well being of young people in secondary schools in a shire county in the Southeast of England <i>Elwyn Coombes, Research Fellow, School of Health & Social Care, Marston Campus, Oxford Brookes University, Oxford, England. Co authors: Paul Yerrell & Jane Appleton</i>
7.6.2 The lived experience of young adults with chronic pilonidal disease: A phenomenological study <i>Lilian Bradley, Lecturer/Practitioner Tissue Viability, School of Nursing & Midwifery, Queens University, Belfast, Northern Ireland</i>	<i>Paper either withdrawn or moved within the programme</i>	7.8.2 A study exploring drug use and management of patients presenting to an inner city emergency department <i>Rebecca Hoskins, Consultant Nurse, Faculty of Health & Social Care, University of the West of England, Bristol, England. Co author: Debra Salmon</i>	7.9.2 Practice nurses' contribution to chronic disease management in primary care: A case study involving children with asthma <i>Geraldine Lyte, Lecturer in Nursing, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England. Co authors: Linda Milnes, Peggy Keating & Arthur Finke</i>
7.6.3 A computer-mediated support group intervention for parents whose children have been diagnosed with cancer <i>Helga Bragadattir, Nursing Director, Science Institute, University of Iceland, Reykjavik, Iceland</i>	<i>Paper either withdrawn or moved within the programme</i>	7.8.3 Postnatal depression: Exploring the sources of health visitors knowledge and the impact on professional judgement: a qualitative study. <i>Jane Stewart, Primary Care Researcher, Hucknall Health Centre, Nottingham Primary Care Research Partnership, Nottingham, England</i>	7.9.3 Planning End-of life care for children with life-threatening illness and their families. A framework for practice? <i>Mary Lewis, Senior Nurse and Clinical Lead, Community Children's Nursing & Research Associate, Centre for Child and Adolescent Health, University of the West of England, Bristol, England. Co author: Fiona Finlay</i>

08.30 – 10.00 Symposium 12

Room: Spires - Main hall

Knowing and acting: A strategic practitioner focused approach to nursing research and practice development

Led by: Brendan McCormack, University of Ulster, Department of Nursing, Belfast, Northern Ireland

Co presenters: Robert Garbett, Margaret Devlin & Bernadette Gribben

10.00 - 10.45 Refreshments, exhibition and poster viewing

Thursday 10 March 2005

10.45 – 12.15 Concurrent session 8 (Europa Hotel)

	8.1 Room: Grand 4 Chair: Leslie Gelling	8.2 Room: Library Bar Chair: Kate Gerrish	8.3 Room: Copenhagen Chair: Alan White	8.4 Room: Amsterdam Chair: Patric Devitt	8.5 Room: Berlin Chair: Lorraine Smith
10.45	8.1.1 Grounded theory methodological issues: Lessons learned from a novice researcher's perspective <i>Eloise Pearson, Clinical Nurse Manager, Department of Ambulatory Care, Theatres & General Surgery, Aberdeen Royal Infirmary, Aberdeen, Scotland</i>	8.2.1 Measuring clinical appropriateness of nurse prescribing: methodological issues arising from a national evaluation of practice <i>Sue Latter, Reader in Nursing, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co authors: Jill Maben & Molly Courtenay</i>	8.3.1 The lived experience of amputation <i>Yvonne Awenat, Consultant Nurse /Dept of Health Research Fellow (PhD student), School of Nursing Midwifery & Health Visiting, Manchester University, Manchester, England</i>	8.4.1 Exploring empowerment from the perspective of Irish nurses and midwives <i>Melissa Corbally, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland. Co authors: Anne Scott & Anne Matthews</i>	8.5.1 Diabetes management in primary care: professional and lay perspectives <i>Jacqueline Griffith, Senior Lecturer, Faculty of Health & Social Work, University of Plymouth, Plymouth, England. Co author: Adrian Roberts</i>
11.15	8.1.2 Using grounded theory: Methodological dilemmas <i>Kathleen Duffy, Lecturer, School of Nursing, Midwifery & Community Health, Glasgow Caledonian University, Glasgow, Scotland</i>	8.2.2 What do service users and health professionals think about nurse prescribing? Exploring patients, nurses, doctors and pharmacists' perceptions of extended formulary independent nurse prescribing in England <i>Jill Maben, Lecturer & Post Doctoral Fellow, The London School of Hygiene & Tropical Medicine, University of Southampton, Southampton, England. Co authors: Sue Latter & Michelle Myall</i>	8.3.2 Co-constructed Inquiry: a new approach to the generation of shared knowledge in chronic illness <i>John Keady, Professor of Admiral Nursing, School of Health, Northumbria University, Newcastle, England. Co author: Sion Williams</i>	8.4.2 New roles in rehabilitation: The implications for nurses and other professionals <i>Emma Stanmore, Lecturer in Ongoing Healthcare, School of Nursing Midwifery & Health Visiting, Manchester University, Manchester, England. Co author: Heather Waterman</i>	8.5.2 An evaluation of the impact of the Glasgow diabetes project on healthcare for people with Type 2 Diabetes <i>Joan McDowell, Head of Nursing & Midwifery School, University of Glasgow, Glasgow, Scotland. Co authors: Grace Lindsay, Malcolm Brown, Gillian Halyburton, Tony Doherty, Kathryn McThail & Tim Eltringham</i>
11.45	8.1.3 Grounded theory: Research rigour or ritualistic practice? <i>Angela Grainger, Assistant Director of Nursing (Education & Research), Executive Nursing Practice Development Team, King's College Hospital NHS Trust, London, England</i>	8.2.3 Experiences of extended formulary independent nurse prescribers: Findings from a national survey in England <i>Michelle Myall, Research Fellow, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co author: Amanda Young</i>	8.3.3 An investigation into the process of adaptation for those living with HIV/AIDS <i>Stephanie Perrett, Staff Nurse, School of Nursing & Midwifery Studies, Cardiff University, Cardiff, Wales</i>	8.4.3 Midwives' attitudes to domestic violence in the provision of maternity care in hospital and community Trusts in Northern Ireland <i>Anne Lazenbatt, Reader in Health Sciences, School of Nursing & Midwifery, Queens University Belfast, Northern Ireland. Co authors: Frances McMurray & Lyn Thompson-Cree</i>	8.5.3 Knowledge, attitude and distress among Icelandic people with type 1 diabetes <i>Arun Sigurardottir, Assistant Professor, Faculty of Health Sciences, University of Akureyri, Iceland</i>

10.45 – 12.15 Symposium 13

Room: Spires - Minor

Making decisions about healthcare design and delivery: Seeking and responding to the voice of children and young people

Led by: Faith Gibson, Centre for Nursing and Allied Health Professions Research, Institute of Child Health, London, England

Co presenters: Jane Coad, Linda Milnes, Peter Callery, Maire Horstman, Alison Richardson and Chris O'Leary

10.45 – 12.15 Symposium 14

Room: Spires - Main hall

Two into one won't go ... or will it?

Led by: Alison Twycross, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, Scotland.

Co presenters: Brendan McCormack, Grace Lindsay & Steve Campbell

8.6 Room: Edinburgh Chair: Anne Caress	8.7 Room: Dublin Chair: Mary Cooke	8.8 Room: Rotunda Chair: Carol Haigh	8.9 Room: Grand 5 Chair: Janet Ball
8.6.1 Engaging consumer groups in the PIN project <i>Elizabeth Smith, Research Associate, Nursing Research Unit, Kings College London, England. Co authors: Fiona Ross & Sheila Donovan</i>	8.7.1 Understanding wound care in Ireland <i>Zena Moore, Lecturer, Faculty of Nursing & Midwifery, Royal College of Surgeons, Dublin, Ireland. Co author: Seamus Cowman</i>	8.8.1 A controlled study evaluating inter-professional learning in child disability <i>Brenda Clarke, Senior Lecturer, Nicola Eaton, Principal Lecturer in Community Childrens' Nursing, School of Maternal & Child Health, University of the West of England, Bristol, England. Co authors: Pat Young, K Street, A Emond and M Ellis</i>	8.9.1 Evaluating a palliative care education programme for district and community nurses <i>Philippa Hughes, Research Associate, Trent Palliative Care Centre, University of Sheffield, Sheffield, England. Co authors: Chris Parker, Sheila Payne, Christine Ingleton and Bill Noble</i>
8.6.2 Negative evaluations of care: their importance, their expression and their collection <i>Carol Edwards, Research Fellow, Royal College of Nursing Institute, Oxford, England. Co author: Sophie Staniszewska</i>	8.7.2 Patients' experiences of pressure ulcers in hospital <i>Claire Wedge, Research Nurse, Health & Community Care Research Unit, University of Liverpool, Liverpool, England</i>	8.8.2 The importance of practical nursing skills and factors influencing skill acquisition: Perspectives of the senior student nurse <i>Siobhan Murphy, College Lecturer, School of Nursing & Midwifery, University College Cork, Cork, Ireland</i>	8.9.2 I know I am not going to get better: Palliative care needs of patients with a non-cancer diagnosis: Exploring the issues <i>Dierdre Mullan, Chest Pain Nurse Specialist, Belfast City Hospital Trust, Belfast, Northern Ireland. Co authors: Julie Kapur & Donna Fitzsimons</i>
8.6.3 Evaluating the involvement of patients in teaching about blood borne viruses <i>May McCreddie, Senior Lecturer (Research), School of Nursing, University of Paisley, Paisley, Scotland</i>	8.7.3 Research utilization: Assessing the influence of organizational culture <i>Sheila Rodgers, Lecturer, Department of Nursing Studies, Edinburgh University, Edinburgh, Scotland</i>	8.8.3 Developing key skill using problem-based learning. What the papers say - what the students report <i>Maira McLoughlin, Senior Lecturer, School of Nursing, University of Salford, Salford, England. Co author: Angela Darvill</i>	8.9.3 An evaluation of the service provided by a community Macmillan nursing team to patients, general practitioners and district nursing sisters <i>Aileen Mulligan, Macmillan Clinical Nurse Specialist, Community Macmillan Nursing Service, Craigavon & Banbridge Community Trust, Lurgan, Ireland. Co author: Bob Brown</i>

10.45 – 12.15 Symposium 15

Room: Spires - Boardroom

An exploration of the development of suicidology and caring for people affected by suicide on the island of Ireland

Led by: Ann Long, Department of Nursing, University of Ulster, Londonderry, Northern Ireland.

Co presenters: Columba McLaughlin, Iain McGowan, Barry McGale & Michael Fahy

12.15 Lunch, exhibition and poster viewing

13.50 Chair's opening remarks

Leslie Gelling, Senior Research Fellow, Institute of Health and Social Care, Anglia Polytechnic University, Cambridge, England

13.55 Presentation of the Elsevier Best Poster Awards



14.00 Plenary: Normal science, bureaucracy and nursing research

Professor K Parahoo, Acting Director, Institute of Nursing Research, University of Ulster, Northern Ireland

14.45 Refreshments, exhibition and poster viewing

Thursday 10 March 2005

15.30 – 17.30 Concurrent session 9 (Europa Hotel)

	9.1 Room: Grand 4 Chair: Andrea Nelson	9.2 Room: Copenhagen Chair: Joan McDowell	9.3 Room: Amsterdam Chair: Debra Salmon	9.4 Room: Grand 5 Chair: Debbie Fallon	9.5 Room: Rotunda Chair: Patric Devitt
15.30	9.1.1 Do intravenous fluid bags need to be routinely replaced to prevent infection? <i>Claire Rickard, Lecturer, School of Rural Health, Monash University, Moe VIC, Australia. Co authors: Boun Vannaprasedth, Matthew McGrail, Lorraine Keene & Sam Rambaldo</i>	9.2.1 Effectiveness of a Pedia HEART (Holistic Education against Rheumatic Threats) teaching programme on the status of RHD patients <i>Principal authors: Riza G. Lasconia, Sherilyn F. Lim, Ma. Feliciano T. Reyes and Michelle N. Tumbokon. Staff Nurses, Nursing Service Office, Philippine Heart Center, Quezon City, Philippines. Secondary authors: Zenaida C. Fojas, Eva Teodora T. Sison, Maria, Romina G. Aldea, Carmelita A. Naral and Dr. Maria Linda G. Buhat.</i>	9.3.1 Using a health impact assessment methodology to develop health visiting services <i>Marie Roberts-Davis, Community Lecturer, States of Guernsey Board of Health, Institute of Health Studies, St Andrew's, Guernsey, C.I. Co author: Mary Fant</i>	9.4.1 Ethical issues encountered in a research study of the palliative care needs of patients with a non-cancer diagnosis <i>Bridie Conway, Palliative Care Nurse, Oncology Directorate, Belfast City Hospital Trust, Belfast, Northern Ireland. Co authors: Deidre Mullan & Donna Fitzsimons</i>	9.5.1 Quality assurance in the basic nurse education programme in Pakistan: Learning from students experience <i>Anwar Aziz, PhD student, Department of Health Studies, University of Bradford, Bradford, England. Co authors: Udy Archibong & Jeff Lucas</i>
16.00	9.1.2 Nursing patients with chronic pain: Education and practice <i>Susan Shaw, Principal Lecturer, Academic Staff Developer, Centre for Educational & Professional Development, Auckland University of Technology, Auckland, New Zealand</i>	9.2.2 Changing patterns of food consumption: Implications for health promotion <i>Shirley Solberg, Associate Professor (Nursing), School of Nursing, Memorial University of Newfoundland, St. John's, NF, Canada. Co author: Patricia Canning</i>	9.3.2 The role of health visitors in supporting parents of children referred for genetic investigation <i>Owen Barr, Senior Lecturer in Nursing, School of Nursing, University of Ulster, Co Londerry, Northern Ireland</i>	9.4.2 Qualitative and quantitative perspectives of fatigue in melanoma patients treated with biochemotherapy <i>Davina Porock, Professor of Nursing Practice, School of Nursing, University of Nottingham, England. Co authors: Brenda Beshears & Jackie Juenger</i>	9.5.2 Nurse practitioner standards: An Australia and New Zealand research collaboration <i>Glen Gardner, Professor of Clinical Nursing, School of Nursing, Queensland University of Technology, Brisbane, Australia. Co authors: Jenny Carryer & Anne Gardner</i>
16.30	9.1.3 Legitimate family violence: Using a semiotic framework to contribute to our understanding and practice <i>Susan Redman, Lecturer, School of Nursing & Midwifery, University of Dundee, Dundee, Scotland</i>	9.2.3 Adolescents perspectives of type 1 diabetes <i>Kathryn King, Senior Lecturer, School of Health, Natural & Social Sciences, University of Sunderland, Sunderland, England</i>	9.3.3 The impact of postpartum health visitor home visits and maternal factors on maternal wellbeing to 7 months postpartum <i>Janice Christie, Health Visitor, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Brenda Poulton & Brendan Bunting</i>	9.4.3 A phenomenological study of the experience of loneliness among persons with life-limiting illness: Overcoming the design challenges <i>Robert Brown, Lecturer/Researcher & Practice Development Facilitator in Nursing, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Kader Parahoo & Kate Sullivan</i>	9.5.3 An evaluation of approaches to assess nursing and midwifery performance <i>Karen Hamilton, Senior Research Fellow, Department of Nursing, University of Ulster, Coleraine, Northern Ireland. Co author: Paddie Blaney & Viv Coates</i>
17.00	<i>Paper either withdrawn or moved within the programme</i>	9.2.4 In the swim with Person Centred Planning! <i>David Marshall, Lecturer in Learning Disabilities, School of Nursing & Midwifery, Queen's University Belfast, Northern Ireland. Co author: Jonathan Pollock & Orla McAllister</i>	9.3.4 Examining goal setting with health visitors and their clients <i>Alison Bryans, Senior Research Fellow, Caledonian Nursing & Midwifery Research Centre, Glasgow Caledonian University, Glasgow, Scotland. Co authors: Jean McIntosh, Michael Ross, Linda Wallis & Alice Mitchell</i>	9.4.4 Sudden death processing: An ethnographic study of emergency care <i>Patricia Scott, Visiting Lecturer, School of Nursing, University of Ulster, Co Antrim, Northern Ireland.</i>	9.5.4 An evaluation of teaching and learning on a nurse practitioner programme <i>Sally Moyle, Senior Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, England</i>

15.30 – 17.30 Symposium 16**Room: Spires - Minor****The Royal Hospitals Trust person centered nursing project**

Led by: Robert Garbett, Nursing Development Centre, University of Ulster and Royal Hospitals Trust, Belfast, Northern Ireland

Co presenters: Brendan McCormack, Paul Slater, Tanya McCance, Carolyn Kerr, Charlotte McArdle & Joanna McCormick

15.30 – 17.30 Symposium 17**Room: Spires - Boardroom****A participatory research program involving incarcerated women**

Led by: Mary Rose Mueller, Hahn School of Nursing and Health Science, University of San Diego, San Diego, USA

Co presenters: Cynthia Connelly, Susan Instone, Diane Hatton, Cheryl Ahern-Lehman & Anastasia Fisher

9.6 Room: Library Bar Chair: Joan Levseley	9.7 Room: Dublin Chair: Leslie Gelling	9.8	9.9 Room: Edinburgh Chair: Marilyn Kirshbaum
9.6.1 A qualitative/quantitative research study that evaluated a sure start service in South Wales <i>Christine Smith, Director of Primary Care and Community Nursing, School of Nursing & Midwifery Studies, University of Wales College of Medicine, Newport, Wales. Co author: Lorraine Joomun & Meryl Prosser</i>	9.7.1 Running a multi-centre study: Challenges and opportunities for nurses <i>Cheryl Crocker, Nurse Consultant, Critical Care, Nottingham City Hospital, Nottingham, England. Co author: Janice Rattray & Martyn Jones</i>	<i>Paper either withdrawn or moved within the programme</i>	9.9.1 Actor-network theory and processes of influence in evidence based practice <i>Michael Traynor, Trevor Clay Professor of Nursing, School of Health & Social Sciences, Middlesex University, London, England</i>
9.6.2 Establishing standards for inter-agency working in child protection <i>Tony Long, Senior Lecturer in Child Health, Salford Centre for Nursing, Midwifery & Collaborative Research, University of Salford, Greater Manchester, England. Co author: Martin Johnson</i>	9.7.2 Lessons to be learned from conducting a longitudinal study <i>Alison Jeffery, Research Nurse, University Medicine, Peninsula Medical School, Plymouth, England. Co authors: Rosemary Snaith & Linda Voss</i>	<i>Paper either withdrawn or moved within the programme</i>	9.9.2 Getting service users involved in protocol development: Process, issues and debates <i>Jo Abbott, Senior Nurse Manager Public Health, Rotherham PCT, Rotherham, England. Co author: Jo Cooke</i>
9.6.3 Issues in recruiting from vulnerable groups - paediatric intensive care <i>Margaret Fletcher, Reader in Children's Nursing, Faculty of Health & Social Care, University of the West of England, Bristol, England</i>	9.7.3 Demystifying quantitative approaches to research for nurses and midwives with little background in quantitative research methods <i>Maralyn Foureur, Professor of Child & Adolescent Nursing, Faculty of Nursing, Midwifery & Health, University of Technology, Sydney, Lindfield, NSW, Australia</i>	<i>Paper either withdrawn or moved within the programme</i>	9.9.3 The other side of the microphone: participants' experience of qualitative interviewing <i>Lesley Lowes, Research Fellow/Practitioner (Paediatric Diabetes), School of Nursing & Midwifery Studies, University of Wales College of Medicine, Cardiff, Wales</i>
9.6.4 Paediatric pain management: How much has changed? <i>Joy Conlon, Nurse Tutor, School of Nursing, Our Lady's Hospital for Sick Children, Crumlin, Dublin, Ireland. Co author: Hance William Kelly</i>	9.7.4 Look before you leap and don't put all your eggs in one basket: some reflections on the need for caution and prudence in quantitative data analysis <i>Steven Pryjmachuk, Nursing Lecturer, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England</i>	<i>Paper either withdrawn or moved within the programme</i>	9.9.4 An investigation into patients' perceived understanding and experiences of the research they consent to <i>Ruth Alexander, Research & Development Manager, Green Park Healthcare Trust, Belfast, Northern Ireland.</i>

15.30 – 17.30 Symposium 18

Room: Spires - Main hall

Gathering clinical data: problems, pitfalls and solutions

Led by: Roger Watson, Department of Nursing and Applied Health Studies, University of Hull, Hull, England

Co presenters: Martyn C Jones, University of Dundee, Dundee, Scotland

Michele O'Neill, University of Dundee, Dundee, Scotland

Graeme Smith, University of Edinburgh, Edinburgh, Scotland

17.30

Close of day

19.30

Pre-dinner drinks reception

20.00

Conference dinner



Friday 11 March 2005

08.00 - 08.30 Registration

08.30 – 10.30 Concurrent session 10 (Europa Hotel)

	10.1 Room: Library Bar Chair: Carol Haigh	10.2 Room: Grand 4 Chair: Ann Caress	10.3 Room: Dublin Chair: Leslie Gelling	10.4 Room: Rotunda Chair: Dot Chatfield	10.5 Room: Copenhagen Chair: Annie Topping
08.30	10.1.1 An exploratory study to examine the decision making processes of patients who have been offered the opportunity to take part in a clinical trial - the outcome <i>Audrey Griffiths, Senior Nurse - Clinical Trials, Day Ward, Christie Hospital (NHS) Trust, Manchester, England. Co authors: Bernadette Ryan-Woolley & Juan Valle</i>	10.2.1 The transmission of information between nurses in an intensive therapy unit (ITU): an interpretation of ritual and symbolism <i>Susan Philpin, Senior Lecturer, School of Health Science, University of Wales, Swansea, Wales</i>	10.3.1 Whose quality is it? Participatory research with young people exploring their role in monitoring the quality of care in hospital <i>Tina Moules, Director of Research, Institute of Health & Social Care, APU, Chelmsford, England</i>	10.4.1 Job satisfaction of nurses in mainland China <i>Hong Lu, Lecturer, Florence Nightingale School of Nursing & Midwifery, London, England. Co authors: Alison While & Louise Barriball</i>	10.5.1 Families, nurses and doctors in critical care: Deciding or suffering at the end of life? <i>Debra Sundin-Huard, Lecturer, School of Nursing & Midwifery, University of Newcastle, Newcastle, Australia</i>
09.00	10.1.2 Recruiting and retaining participants in randomised controlled trials and clinical epidemiological studies <i>Julie Young, Research Nurse, Primary Care Sciences Research Centre, Keele University, Keele, England. Co authors: Hannah Yates, June Hardy & Kanchan Vohora</i>	10.2.2 Perception of night-time sleep by surgical patients in an intensive care unit <i>Maria Angeles Margall, Nurse Manager, Intensive Care Unit, Canica Universitaria de Navarra, Pamplona, Spain. Co authors: Manica Vazquez, M Carmen Asiain, Ana Nicolas, Eva Aizpitarte and Anglica Iruarizaga</i>	10.3.2 A grounded theory study of ill children <i>Rosario Baxter, Lecturer in children's nursing, Faculty of Life & Health Sciences, University of Ulster, Coleraine, Northern Ireland</i>	10.4.2 Preceptorship: The Irish public health nurse experience <i>Marcella Kelly, Nurse Lecturer, Centre for Nursing Studies, National University of Ireland Galway, Ireland</i>	10.5.2 The lived experience of loneliness among people with life-limiting illness: The results of a doctoral study <i>Robert Brown, Lecturer / Researcher & Practice Development Facilitator, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Kate Sullivan & Kader Parahoo</i>
09.30	10.1.3 Measuring socio-economic status <i>Vivien Coates, Professor of Nursing Research, University of Ulster, Coleraine, Northern Ireland. Co author: Mary McMenamin</i>	10.2.3 It's not like the wards: Experiences of nurses new to critical care <i>Debra Dawson, Consultant Nurse Critical Care, Intensive Care Unit, St George's Hospital, London, England. Co author: Sarah Farnell</i>	10.3.3 We want your views! Don't we? Research governance and the voices of children <i>Joan Livesley, Senior Lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, England. Co author: Debbie Fallon</i>	10.4.3 Improving the quality of careers advice and guidance provided for registered nurses and midwives <i>Amelia Sawyer, Researcher, Department of Nursing & Midwifery, Keele University, Stoke on Trent, England. Co authors: Barbara King & Helena Priest</i>	10.5.3 The improvement of cancer patient's insight into their disease following the intervention of the hospital palliative care team <i>Barbara Jack, Senior Lecturer, Department of Health Studies, Edge Hill College/Marie Curie Centre Liverpool, England</i>
10.00	10.1.4 The development of a new simple instrument for measuring and assessing wounds and trauma <i>Alison Metcalfe, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England. Co authors: Susan Tohill & Mandy Williams</i>	10.2.4 The research coordinator in Australian and New Zealand intensive care units <i>Claire Rickard, School of Rural Health, Monash University, Australia. Co authors: Brigit Roberts, Jon Foote & Matthew McGrail</i>	<i>Paper either withdrawn or moved within the programme</i>		<i>Paper either withdrawn or moved within the programme</i>

08.30 – 10.30 Symposium 19

Room: Spires - Main hall

Health care equity audit: Real world research into health service access in a metropolitan borough

Led by: Martin Johnson, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, England

Co presenters: Jayne Hardacre, Ian Jones & Tony Long, University of Salford, Greater Manchester, England

Wendy Meston, Rochdale PCT, Rochdale, England

08.30 – 10.30 Symposium 20

Room: Spires - Minor

Promoting evidence-based care through an integrated approach to research and development

Led by: Kate Gerrish, Department of Community, Ageing, Rehabilitation, Education & Research, University of Sheffield, Sheffield, England

Co presenters: Simon Palfreyman, Marilyn Ireland, Angela Tod, Clare Warnock, Sam Debbage & Irene Mabbott

10.6 Room: Library Bar Chair: Patric Devitt	10.7 Room: Grand 5 Chair: Lorraine Smith	10.8 Room: Amsterdam Chair: Barbara Jack	10.9 Room: Berlin Chair: Janet Ball
10.6.1 Ethical decision within caring-healing praxis: Giving voice to moral consciousness <i>Carol Kirby, Senior Lecturer in Nursing, School of Nursing, University of Ulster, Derry, Northern Ireland</i>	10.7.1 Modern Matron implementation: Perceived outcomes reported by trust directors of nursing <i>Mick Ashman, Nursing Lecturer, Acute & Critical Care, University of Sheffield, Sheffield, England. Co author: Susan Read</i>	10.8.1 What makes a good 'first contact' nurse in primary care? A national study of patient perspectives and nurse aspirations <i>Kate Bonsall, Research Fellow, School of Healthcare Studies, University of Leeds, Leeds, England. Co authors: Francine Cheater, Robert McMurray, Brenda Leese, Catherine Gill & Roderick Sutcliffe</i>	10.9.1 Men's decision making about using health services: A case study of Bradford <i>Alan White, Professor of Men's Health, School of Health & Community Care, Leeds Metropolitan University, Leeds, England. Co author: Keith Cash</i>
10.6.2 Adopting the cloak of competence: A strategy for surviving the journey to professional nursing practice <i>Tim Clark, Senior Lecturer in Nursing, Department of Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, England</i>	10.7.2 Making the art of nursing visible <i>Clare Whitten, Student Nurse, School of Nursing & Midwifery, Robert Gordon University, Aberdeen, Scotland. Co authors: Colin Macduff & Bernice West</i>	10.8.2 Nursing staff provision on a neuro-rehabilitation unit. How does it compare to community care provision? <i>Heather Williams, Research Fellow, Regional Rehabilitation Unit, North West London Hospitals NHS Trust, London, England. Co authors: Lynne Turner-Stokes & Ruth Harris</i>	10.9.2 Age and symptom attribution influence delay in seeking help patients experiencing acute myocardial infarction <i>Linda Perkins-Porras, Research Nurse/PhD Student, Department of Epidemiology & Public Health, University College London, England. Co authors: Daisy Whitehead, Philip Strike & Andrew Steptoe</i>
10.6.3 Issues for professional doctorates: through the eyes of consultant nurses and midwives <i>Kathleen Galvin, Head of Research, IHCS, Bournemouth, England. Co author: Eloise Carr</i>	10.7.3 Technician or artisan?: Nurses' experience of practising within a randomised controlled trial <i>Lucy Simons, Research Fellow, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co author: Judith Lathlean</i>	10.8.3 Nursing models and self-concept in patients with spinal cord injury. A comparison between UK and Taiwan <i>Chen Hsiao-Yu, Lecturer in Nursing, Chung-Tai Institute of Health Sciences & Technology, Taichung, Taiwan. Co authors: Jennifer Boore & Frank Mullan</i>	10.9.3 Critical creativity: A new paradigm within critical Research? <i>Angie Titchen, Senior Research & Practice Development Fellow, RCN Institute & Clinical Chair, Evidence-Based Practice, Fontys University, The Netherlands. Co author: Brendan McCormack</i>
10.6.4 An exploration of innovative nursing and midwifery roles within Northern Ireland's HPSS <i>Robby Richey, Research Associate, School of Nursing, University of Ulster, Co Antrim, Northern Ireland. Co authors: Sinead Keeney, Felicity Hasson, Hugh McKenna, Brenda Poulton, Marlene Sinclair & Paddie Blaney</i>	10.7.4 Exploring the research and development culture in a Northern Ireland health trust <i>Paul Slater, Research Associate, Department of Nursing, University of Ulster, Belfast, Northern Ireland. Co author: Brendan McCormack</i>	<i>Paper either withdrawn or moved within the programme</i>	10.9.4 Prioritising care in clinical practice: Findings from a qualitative study <i>Charles Hendry, Lecturer, School of Nursing & Midwifery, University of Dundee, Dundee, Scotland</i>

18.30 – 10.30 Symposium 21

Room: Spires Boardroom

Ethical challenges and practical solutions?

Led by: C.Clifford, Head of Nursing & Director of Research School of Health Sciences, University of Birmingham, Birmingham, England

Co presenters: Jane Coad, University of Birmingham (Member of Coventry, LREC), Barbara Mullan, University of Birmingham (Member of North Birmingham, LREC), Fran Badger, University of Birmingham & Alison Metcalfe, University of Birmingham

10.30 - 11.15 Refreshments, exhibition and poster viewing

Friday 11 March 2005

11.15 – 13.15 Concurrent session 11 (Europa Hotel)

	11.1 Room: Grand 4 Chair: Lorraine Smith	11.2 Room: Copenhagen Chair: Martin Johnson	11.3 Room: Library Bar Chair: Carol Haigh	11.4 Room: Dublin Chair: Ann McMahon	11.5 Room: Edinburgh Chair: Leslie Gelling
11.15	11.1.1 Psychological assessment and psychological needs in the post cerebrovascular phase <i>Kevin Moore, Lecturer in Nursing, Course Director BSc/BSc (Hons) Nursing, Mental Health Programmes & Lead Person Mental Health, University of Ulster, Londonderry, Northern Ireland. Co author: Kader Parahoo</i>	11.2.1 Hospice at home service: The Carer's perspective <i>Dorry McLaughlin, Lecturer in Palliative Care, Northern Ireland Hospice, Belfast, Northern Ireland. Co authors: Kate Sullivan & Felicity Hasson</i>	11.3.1 Different meanings of quality of life: A comparison between what elderly persons and geriatric staff believe is of importance <i>Anna-Lena Berglund, Senior Lecturer, Division for Health & Caring Sciences, Karlstad University, Karlstad, Sweden. Co author: Kjerstin Ericsson</i>	11.4.1 Encouraging research participation through mentoring: the experience of children's hospital in Australia <i>Damhnat McCann, Lecturer, School of Nursing, University of Tasmania, Australia. Co authors: Jeanine Young & Samantha Keogh, Nursing Research Department, Royal Children's Hospital, Brisbane, Australia</i>	11.5.1 Nurturing acorns and watching them grow <i>Margaret Goodman, Senior Lecturer Research Facilitation in Practice, Department of Nursing & Quality, Walsgrave Hospital, Coventry, England. Co author: Ann Jackson</i>
11.45	11.1.2 Opportunistic dialogue: Negotiating the social order in interdisciplinary stroke unit teams <i>David Clarke, Lecturer in Nursing, School of Healthcare Studies, University of Leeds, Leeds, England</i>	11.2.2 Specialist palliative care and non cancer illness. Availability and access to specialist palliative care in hospices in Northern England for patients with non cancer life threatening illness <i>Julie MacDonald, Lecturer, Department of Nursing, University of Hull, Hull, England</i>	11.3.2 Developing older peoples needs of registered nursing: Development and test of the nursing needs assessment tool <i>Paul Slater, Research Associate, Department of Nursing, University of Ulster, Belfast, Northern Ireland. Co author: Brendan McCormack</i>	11.4.2 The impact of policy on change in complex organisations <i>Mary Cooke, Lecturer, School of Nursing & Midwifery, University of Sheffield, Sheffield, England</i>	11.5.2 Implementing research evidence in practice: The potential for critically appraised topics to influence policy and practice <i>Senga Steel, Lead Research Nurse, Research & Development, The Whittington Hospital NHS Trust, London, England. Co author: Richard Peacock</i>
12.15	11.1.3 The lived experience of gaining approval to undertake a research project <i>Helen Green, Assistant Director of Nursing, Directorate of Nursing, University Hospital of North Staffordshire, Stoke-on-Trent, England</i>	11.2.3 Palliative care for cancer patients: District nurses' experience <i>Kathleen Dunne, Nurse Teacher, Altnagelvin Hospital, North & West In-Service Education Consortium, Londonderry, Northern Ireland</i>	11.3.3 User-directed assessments to identify the health and social needs of older people <i>Ruth Harris, Research Fellow, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Roz Ullman & Peter Griffiths</i>	Paper either withdrawn or moved within the programme	
12.45	11.1.4 Early mobilisation of acute stroke patients in Scotland <i>Lorraine Smith, Professor of Nursing, School of Nursing, University of Glasgow, Glasgow, Scotland. Co author: Monica Arias</i>	11.2.4 Palliative nursing practice and continuing education <i>Martina Corrigan, Clinical Education Facilitator, Education Department, St. Francis Hospice, Dublin, Ireland</i>	11.3.4 The use of a survey methodology to assess the health and well being of older people <i>Claire Hope, Lecturer in Nursing, Community, Ageing, Rehabilitation, Education & Research, University of Sheffield, Sheffield, England. Co author: Josephine Tetley</i>	Paper either withdrawn or moved within the programme	
					11.5.3 Developing a framework of indicators to measure the art and science of research capacity building <i>Jo Cooke, Trent Focus Co-ordinator, SCHARR, University of Sheffield, Sheffield, England</i>
					11.5.4 Measuring research utilisation: The Bannigan utilisation of research profile <i>Katrina Bannigan, Senior Lecturer, School of Health & Social Care, University of Teesside, Middlesbrough, England. Co authors: Rosamund Bryar & Roger Watson</i>

11.15 – 13.15 Symposium 22

Room: Spires - Minor

Researching nursing judgement: Approaches and challenges

Led by: Dawn Dowding, Health Sciences (Research), University of York, York, England

Co presenters: Carl Thompson, Ruth Ludwick, William Lauder, Marion Wright, Brodie Paterson, Rhona Morrison, Ian Aitken, Sandy McComish, Clare Cassells, A Foster & Ian Cole

1.15 – 13.15 Symposium 23

Room: Spires - Main hall

Issues in the assessment of clinical nursing practice: implications from the findings of recent research studies

Led by: Claire Hale, Dame Kathleen Raven Professor of Clinical Nursing University of Leeds, Leeds, England

Co presenters:

Tony Long, University of Salford, Greater Manchester, England

Kathy Doggett, University of Huddersfield, Huddersfield, England

Kathleen Duffy, Glasgow Caledonian University, Nursing and Midwifery Research Centre, Glasgow, Scotland

Peter Tomlinson, Professor of Pedagogy and Professional Learning University of Leeds, Leeds, England

11.6 Room: Amsterdam Chair: Annie Topping	11.7 Room: Rotunda Chair: Ann Caress	11.8 Room: Grand 5 Chair: Andrea Nelson	11.9 Room: Berlin Chair: Ruth Jenkins
11.6.1 Preventing neural tube defects in Europe - a missed opportunity <i>Araceli Busby, Lecturer in Environmental Epidemiology, Public & Environmental Health Research Unit, London School of Hygiene & Tropical Medicine, London, England. Co authors: Lenore Abramsky, Helen Dolk, Ben Armstrong and a EUROCAT Working Group</i>	11.7.1 Identifying the terms and conditions for nurses employed within general practice: the implications for employers <i>Kevin Corbett, Project Manager/Senior Lecturer, Nursing Directorate, Wandsworth Primary Care Trust, London, England. Co author: Di Caulfeild-Stoker</i>	11.8.1 An evaluation of the response to Poole's algorithm education program by aged care facility staff <i>Julia Poole, Clinical Nurse Consultant in Aged Care, Department of Aged Care & Rehabilitation Medicine, Royal Noth Shore Hospital, St Leonards, Australia. Co author: Christine McMahon</i>	11.9.1 Protecting people with learning disabilities from abuse: a focus group exploration of the views of staff <i>Ian Mansell, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales. Co authors: Robert Jenkins & Ruth Northway</i>
11.6.2 Public health: making community nurse count <i>Pauline Raynor, Trial Coordinator, Health Sciences, University of York, York, England. Co authors: Hilary Arksey & Ian Watt</i>	11.7.2 Nursing in an interprofessional context: The student perspective <i>Kathryn Ross, Associate Dean (Academic Planning, Nursing & Midwifery), Faculty of Health & Social Care, University of the West of England, Bristol, England. Co authors: Katherine Pollard, Patricia Taylor & Susie Ventura</i>	11.8.2 Transitions in care: Carers' perceptions of the nursing home placement of an older relative. A grounded theory approach <i>Assumpta Ryan, Lecturer in Nursing, University of Ulster, Coleraine, Northern Ireland</i>	11.9.2 The business of us all: Identifying the research issues in the care of people with learning disabilities in general hospitals <i>Michael Brown, Consultant Nurse & Teaching Fellow, Faculty of Health & Life Sciences, Napier University, Edinburgh, Scotland. Co author: Juliet MacArthur</i>
11.6.3 Emotional organisations: A case study of change in primary care <i>Veronica James, Professor of Nursing Studies, School of Nursing, University of Nottingham, Nottingham, England. Co authors: Jackie Williams & Mandy Hampshire</i>	11.7.3 The multidisciplinary team meeting: An ethnographic study <i>Anne Lanceley, Clinical Research Fellow, Institute of Women's Health, University College London, England. Co authors: Ian Jacobs, Usha Menon, Fiona Warburton & Jan Savage</i>	11.8.3 Informal carers' experiences of an intermediate care service <i>Gaynor Reid, Lecturer - Occupational Therapy, University of Liverpool, Liverpool, England. Co author: Claire Hulme</i>	11.9.3 The function structure and effectiveness of community learning disability teams <i>Eamonn Slevin, Lecturer in Nursing, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Maria Truesdale, Roy McConkey, Owen Barr & Laurence Taggart</i>
11.6.4 Devolution and public health in the UK <i>Una Lynch, Lecturer (Public Health), School of Nursing & Midwifery, Queen's University Belfast, Northern Ireland</i>	11.7.4 What do health care assistants do? A descriptive survey of ward managers views of the role of the health care assistant in an acute hospital <i>Barbara Jack, Senior Lecturer, Health Studies, Edge Hill College/Marie Curie Centre Liverpool, England. Co authors: Jeremy Brown & Tom Chapman</i>	<i>Paper either withdrawn or moved within the programme</i>	11.9.4 A review of learning disability nursing research 1995-2003 <i>Duncan Mitchell, Professorial Fellow, Salford Centre for Nursing, Midwifery & Collaborative Research, University of Salford, Greater Manchester, England. Co authors: Ruth Northway & Kalbir Kaumann</i>

11.15 – 13.15 Workshop 4

Room: Spires - Boardroom

Using creative imagination and artistic expression in research: A methodological workshop

Angie Titchen, RCN Institute, London, England and Brendan McCormack, Royal Group of Hospitals, Belfast and University of Ulster at Jordanstown and Faculty of Medicine, Nursing & Health Sciences, Monash University, Melbourne, Australia

13.15

14.15

14.20

15.05

15.15

Lunch, exhibition and poster viewing

Chair's opening remarks

Britt-Inger Saveman, Professor, Dept. of Health and Behavioural Sciences, University of Kalmar, Kalmar, Sweden

Plenary: What counts as research and whose research counts? Towards authentic participatory inquiry

Mike Nolan, Professor of Gerontological Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, England

Chair's closing remarks and closing ceremony

Close of conference

Plenary abstracts

Wednesday 9th March

08.55 Doctoral dissertation research: quality issues

Mi Ja Kim, PhD, RN, FAAN, Professor
and Dean Emerita, College of Nursing,
University of Illinois at Chicago, USA

*This session has been sponsored by the
R&D Office, University of Ulster*



Abstract:

The social responsibility of the nursing profession is to provide the evidence-based health care to our citizens, and doctoral dissertation research (DDR) is a beginning foundation in fulfilling this responsibility. The nature of DDR is influenced by the context of the country trends in health profile, and social, economical, cultural, political and demographic factors. DDR is the sine qua non of doctoral education as it is central to doctoral study and the quality of the DDR generally shapes the reputation of nursing schools. On the other hand, the quality of DDR is determined by the oversight of government and institution/university, quality of faculty and students, environment and resources. Successful DDR can be achieved when there is a good match between faculty and student in terms of research area, personality, and work habits. This includes the major faculty advisor as well as the committee members. The principles of VIP (vision, integrity, and passion) leadership should govern the relationships between students and faculty. Doctoral students viewed human and psychological factors as well as social and academic interactions in a school as key factors influencing the attrition rate. DDR should go beyond national boundaries and address global health issues as well since today's health problems are global. Faculty and students alike should develop network with international scholars and collaborate with each other to generate nursing knowledge that fulfils our social responsibility.

Education is a progressive discovery of our own potential. The more you know, the more you know you don't know. Doctoral students have the opportunity to embrace the reality that we are moving toward the Age of Wisdom from the age of Knowledge Workers. Wisdom is the child of integrity, and integrity is the child of humility and courage. In sum, knowledge generated from DDR will need to have a touch of wisdom.

References

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American Association of Colleges of Nursing(2001). AACN position statement. Retrieved from <http://www.aacn.nche.edu/Publications/positions/position.htm>
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Bennis, W. (1989). *On becoming a leader*. Cambridge, Ma.: Perseus Books
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Institute of International Education (2004). Foreign Students' Countries of Origin, 2002-3. *The Chronicle of Higher Education*, 51(1). Retrieved Jan 24 from <http://chronicle.com/prm/weekly/almanac/2004/nation/0102003.htm>.

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National Institute of Nursing Research(2003). 2003 rankings of schools of nursing for NIH funding. Retrieved Jan 25 from <http://grants1.nih.gov/grants/award/trends/dhensrgo3.htm>

Parent, E.R. (February, 2003). The doctoral student experience. Retrieved from www.grad.washington.edu/envision/news/current-news.html

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The Higher Learning Commission(n.d.) Regional Institutional Accreditation Agencies. Retrieved Jan 26, 2005 from <http://www.ncacihe.org/>

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A Report to the Higher Ed. Funding Council of UK, Oct. 02

Thursday 10th March

14.00 Normal science, bureaucracy and nursing research

Professor K Parahoo, Acting Director,
Institute of Nursing Research, University
of Ulster, Northern Ireland

Abstract:

There has been considerable debate in the nursing literature on methodological issues and on the type of knowledge and evidence which are appropriate for nursing practice. There is, however, much less discussions on the forces (both internal and external) which influence the practice of nursing research. In particular it seems that knowledge-driven research is not much in evidence in nursing, and that researchers tend to put more emphasis on process and procedures than on creativity and discovery. The reasons for this will be explored. The notion of 'normal science' (Kuhn, 1996) and how it provides a frame of reference for researchers will be examined. An analysis of the structure and function of the PhD thesis will be used to illustrate how normal science operates to perpetuate what is considered acceptable research practice.

Research does not take place in a vacuum. Political and economic factors influence not only what is researched but also how this should be carried out. Political interference in research is not new. What is different, currently, is the increase in political control of the agenda of nursing and health research, in particular through commissioned projects and funding. The increase competition for funding and new funding mechanisms put more pressure on researchers to develop proposals for research which meet an ever-increasing number of criteria set by funders and politicians. In this context, creativity tends to lose out, as researchers cannot afford to take risks in applying for funds.

Finally the increase in bureaucracy, in particular, as a result of the new research governance framework puts more stress on researchers who have to fill in reams of paperwork and go through an ever-increasing set of procedures before starting a project. The tensions between creativity and bureaucratic control will be examined.

It will be argued that at a time of increasing political control (in particular through the funding system) and increasing bureaucracy we should be rightly concerned with how these factors affect the practice of nursing research in general, and knowledge-driven research in particular. Immersed in the act of research we could be oblivious to the forces that shape the nature and direction of nursing research. Nurses can and should do more to challenge the excesses of political and bureaucratic control.

Reference:

Kuhn T S (1996) *The structure of scientific revolutions*. 3rd Edition. University of Chicago Press. Chicago.

Friday 11th March

**14.20 What counts as research
and whose research counts?
Towards authentic participatory
inquiry**

*Mike Nolan, Professor of Gerontological
Nursing, School of Nursing and
Midwifery, University of Sheffield,
Sheffield, England*

Abstract:

The last decade has witnessed a sea change in the relationships between health care systems and the users of the services that they provide. Concepts of involvement, participation and empowerment have figured prominently and have called into question hitherto taken-for-granted and implicit power relations. A welcome development has been the wider recognition of the valuable contribution that users and carers can make as research partners rather than research subjects.

Consequently, participatory approaches have flourished, with users and carers often playing an active role at all stages of the research process, from the identification of research questions, through the design, conduct and analysis of the study itself, to the dissemination of findings. However, how such developments can be evaluated and judgements made about their relative success is far from clear.

This paper presents a reconceptualisation of the authenticity criteria (Guba and Lincoln 1989) and argues that these provide an appropriate framework for considering whether participatory models of research are 'working' or not. Examples are provided from recent and ongoing studies in the UK and Sweden, and suggestions made for the wider application of such a model.

Reference

Guba, E.G. and Lincoln, Y.S. (1989) *Fourth Generation Evaluation*. Newbury Park: Sage.

Posters

Research

1

The evaluation and development of the role of two clinical chairs of nursing and midwifery in New Zealand

Kenneth Walsh, Nursing, Health Waikato, Hamilton, New Zealand.

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Abstract:

This presentation reports on phases 1-3 of a four-phase action research project in two New Zealand District Health Boards. These positions are new to New Zealand and are intended to develop the nursing and midwifery capacity and infrastructure within each DHB. There are currently no published evaluations of these types of positions or their outcomes. The aims of the project are to evaluate and develop the roles of the Clinical Professors in Nursing and Midwifery. This presentation reports on the research and development culture of the two DHBs, measures to improve this culture and measures to improve the effectiveness of health service delivery by nurses and midwives through the workforce development role of Clinical Chairs. The research incorporates four phases: 1 Collection of Baseline Data. Data collection methods included auditing of key parameters and focus groups and interviews with nursing and midwifery clinicians and health service managers (key stakeholders). II Critical Reflection with the Clinical Chairs upon their practice. The findings are compared to internal DHB targets and the role expectations of the CCs and Professorial units to identified areas of development need. III Implementation -The data from phases I and II will be used to refine the action plans. This will be a collaborative process involving consultation with senior DHB and University representatives, and a cross section of clinical staff from the DHBs. IV Evaluation - In the final phase the measures detailed in Phase I will be repeated and a report of the study will be produced as well as guidelines on the development of clinical chairs. This research provides important information on these new positions. These positions have the potential to provide an ongoing platform for collaborative, clinically based, and multidisciplinary health research which focuses on the contribution of nurses and midwives.

2

Activity of research funders in relation to key aspects of nursing research and development in Northern Ireland

Nicola Armstrong, Research & Development Office, Research & Development Office, Belfast, United Kingdom. Co authors: Donna Fitzsimons & Tanya McCance

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Abstract:

The dearth of health service researchers may be considered a threat to the R&D programme in health and social services. A vicious circle has been identified in which few well-qualified nurse researchers are available and thus both quality and quantity of outcomes are compromised (cited in CPNR et al, 2002). This paper forms part of a larger study 'Using and Doing: Guiding the future' - commissioned by the DHSSPS in Northern Ireland. It aims to further develop nursing R&D within Northern Ireland since the publication of the position paper by McKenna & Mason in 1998. The focus of this paper is

a qualitative analysis of the role played by research funders in the development of nursing research. The Research & Development Office for the HPSS and members of the AMRC who either expressed and interest in, or were actively involved in, funding nursing-led research in Northern Ireland were invited to take part in a structured interview. A total of five representatives from funding bodies participated. Research activity was evaluated in relation to six key themes: strategy development, partnership working, building capacity, infrastructure, research in practice and outcome assessment. Interviews were digitally recorded, transcribed and thematic analysis was conducted. The funders had difficulty in quantifying the level of funding on a profession-specific basis. All interviewees were highly supportive of nursing's potential contribution and had nurses on senior boards/governing committees. Although some funding was evidenced by the charities, only the R&D Office had evidence of substantial research funding. Furthermore, two out of five said that they had strategic initiatives for nursing and encouraged input from nurses in deciding research priorities. The findings of this study will help focus the profession to address current shortcomings and under-exploitation with regard to research grant acquisition.

Recommended reading:

CPNR, CHEMS Consulting, the Higher Education Consultancy Group and the Research Forum for Allied Health Professions (2001) Promoting research in nursing and the allied health professions. London, HEFCE 01/64

McKenna H & Mason C (1998) Using and doing research: a position paper to inform strategy, policy and practice for nursing research in Northern Ireland. Belfast, DHSS.

3

Developing the nurse researchers of the future

Jacqueline Pirmohamed, Pharmacology & Therapeutics, University of Liverpool, Liverpool, United Kingdom. Co authors: Gill Ritchie & Tom Walley

✉ J.A.Pirmohamed@liv.ac.uk

Abstract:

It is essential to ensure that all practitioners base their work on the best evidence available. Policy documents such as "Making a Difference" (DOH, 1999) and "Fitness for Practice" (UKCC 1999) emphasise this fact. These documents also reiterate the importance for nurses to be trained to appraise, undertake and disseminate research in practice. Despite such publications, there are still many barriers to the development of research in nursing. One such barrier is a lack of research training (Thompson, 2000). This paper describes an innovation taking place an acute NHS Trust to redress this issue. In 2002, the Trust developed a 'Research Career Development Scholarship Scheme'. The purpose of the scheme was as follows: • To encourage active involvement of its non medical staff in research • To support non medical staff via a structured programme of training in research methodologies in Health Services Research leading to an MRes • To develop individuals from Nursing & Allied Health Professionals who will actively engage in the research agenda on completion of their training The Scholarships were successfully commenced in 2003, 2 nurses were awarded the scholarships on the first round. This poster will outline the process of the development and establishment of these scholarships. It will also focus on the experiences of the 2 award holders currently in their 2nd year of study. Very little evidence is available about nurses

who have undertaken research training and their aspirations for their future career pathways. The nursing profession needs to achieve a critical mass in research skills so it may make an effective contribution to high quality health research. By sharing such innovations the authors hope their audience will gain a better understanding of current nursing research capacity developments in practice. Such training should be a priority within the profession and National Health Service.

Recommended reading:

Department of Health, (1999), Making a Difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare, London, DoH.

UKCC, 1999 (1999). United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1999, Fitness for practice. The UKCC Commission for Nursing and Midwifery Education. UKCC, London.

Thompson D, (2000), A Mapping Exercise of Current Nursing Research (January 1995-December 1999), Paper prepared for the Research and Development Division and Nursing Division of the Department of Health.

4

Bridging the gap: Involving clinical nurses and midwives in the process of developing a collaborative research programme between the NHS and three HEIs in Lothian

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Abstract:

This paper presents a collaborative exercise to develop a nursing and midwifery research strategy that reflects clinical practice issues. It demonstrates the timeliness of this initiative with regard to current strategy in Scotland (Dowding & Fyfe 2004) and an effective connection with the recently established Centre for Integrated Healthcare Research (CIHR). The Trust's Research and Development Shared Governance Council initiated the 'Research Scoping Exercise', writing to each registered nurse and midwife (approximately 3,500) and inviting them to put forward potential research questions or ideas, and to indicate why they felt they were important for clinical practice. 118 questions were submitted and an expert panel made up of NHS researchers and representatives from three universities in Lothian (University of Edinburgh, Napier University and Queen Margaret University College) reviewed each one in depth. This collaborative approach is indicative of an ongoing commitment to foster effective research partnerships both between the NHS and HEIs, and also between the three HEI departments (Clarke & Ramprogus 2001). The outcome of the review has been the identification of 44 promising research questions, 40 of which connect with the CIHR's three research programmes: 'Early years and parenting', 'Improving the management of enduring conditions' and 'Maximising recovery from acute illness and trauma'. All nurses and midwives who submitted these questions have been invited to participate in the next phase. This will involve the formation of multi-professional and inter-academic research groups around the emergent research themes. Following a process of prioritisation, research proposals will be developed to link into the CIHR programmes. Both the NHS and some of the HEIs have committed resources to take this work forward. Each of the

participating organisations have valued the process as one which bridges some of the perceived gaps between clinical and academic research practices (Trappes-Lomax & Ellis 2003) through a clear focus on clinical priorities.

Recommended reading:

Dowding D & Fyffe T (2004) Evaluating the funding and capacity of research in Scotland. *Nursing Times* 100(16) 36-8

Trappes-Lomax T & Ellis A (2003) Real-life research: bridging the gap between research and practice. *Journal of Integrated Care*. 11(4):17-27

Clarke C & Ramprogus V (2001) A new way to link research... partnerships between universities and health care providers. *Nursing Times*. 97(19):37-8

5

Calderdale and Huddersfield's Research Detectives

Nicola Hay, *Research and Development (Clinical Governance), Calderdale and Huddersfield NHS Trust, Huddersfield, United Kingdom. Co authors: Calire Joffe & Naomi Reay*

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Abstract:

BACKGROUND: The Critical Appraisal Team (CAT) is one of the first of its kind in a general hospital, and its service is open to nurses within Calderdale and Huddersfield NHS Trust (Zeigler et al 2002). The CAT, developed as part of the Research and Development Department, is considered to be a valuable resource in promoting an evidence-based culture within the Trust (CHI 2002).

AIM OF CAT: The aim of the team is to help nurses to reduce variations in clinical practice by basing their work on systematically reviewed research evidence. CAT PROCESS The process used is adapted from that used by the NHS Centre for Reviews and Dissemination, at the University of York (NHS CRD 2001).

IMPACT OF CAT: Helping clinicians to access and make use of existing systematic reviews/guidelines 2 existing systematic reviews/guidelines identified and incorporated into nurse led Integrated Care Pathways. Production of original systematic reviews: Three original systematic reviews have been produced by CAT and incorporated into Nurse-led ICP's, research bids, and used to inform RCN Guidelines.

TRAINING NURSES IN THE ART OF CLINICAL APPRAISAL: CAT provides critical appraisal training to nursing groups. Cat provides help and facilitates the setting up of nursing Journal club.

DEVELOPMENT OPPORTUNITIES: To date, three nurses have had an attachment to CAT on a secondment basis and have taken these evidence base skills back to their clinical settings to inform their practice.

CONCLUSION: CAT offers a service that is responsive to clinical demand yet demonstrates a high level of rigour and reliability in the output it provides. Demand for the service from nurses has been high and the potential to make real changes to practice is equally promising. The enthusiasm for research evidence among nurses working within the Trust has been over whelming and we suspect, may be representative of clinicians elsewhere, meaning similar initiatives are likely to be equally received in other parts of the country. Researchers Research and Development Department Clinical Governance Support Unit Calderdale and Huddersfield NHS Trust The Learning Centre

Huddersfield Royal Infirmary Lindley Huddersfield HD3 3EA Telephone 01484 347007 References 1. Ziegler L; Joffe C; Hay N. A critical appraisal team for nurses. *Nursing Times*; 98: 30, 39-40 2 Commission for Health Improvement. Clinical Governance Review - Calderdale and Huddersfield NHS Trust. December 2002: CHI, London. 3. NHS Centre for Reviews and Dissemination. Undertaking Systematic Reviews of Research on Effectiveness: CRD Guidelines for those carrying out or commissioning reviews (CRD Report No.4). York: NHS CRD, 2001.

Recommended reading:

Zeigler L; Joffe C; Hay N (2002) - A Critical Appraisal Team for Nurses. *Nursing Times*.; 98 (30). p. 39-40

Commission for Health Improvement (2002) - Clinical Governance Review - Calderdale and Huddersfield NHS Trust December 2002.London CHI

NHS Centre for Reviews and Dissemination (2001) - Undertaking Systematic Reviews for Research on Effectiveness: CRD Guidelines for those carrying out or commissioning reviews (CRD Report 4)

6

Making research tools accessible to clinical practitioners

Ann Jackson, *Nursing & Quality, Walsgrave Hospital, Coventry, United Kingdom.*

Co author: Margaret Goodman

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Abstract:

The two main barriers that prevent health care practitioners from contributing fully to the research and development agenda are capacity and capability (DoH 2000). The rejection of the idea that research should be restricted to a few centres of excellence (HEFCE 2001) promotes the notion that any hospital has a requirement to invest in the development of research capacity and in particular to develop nurse led research projects. In order to do this practitioners need to be equipped with the tools and skills which will enable them to be confident and competent if they are to become research active. This paper will suggest that in order to achieve these goals the acquisition of the necessary tools has to be delivered in a format and environment which meets not only the needs of practitioners but also those of the NHS. It is likely that accessing the arena where these tools can be acquired will be away from the service delivery setting - most often in universities. This may serve to inhibit uptake by a proportion of would be researchers. Practitioners who would not consider themselves as 'academic' may also be deterred. The authors describe the response of practitioners to the opportunity of accessing the tools and skills required for undertaking and disseminating work-based research. They will discuss the mode of delivery which took the form of applied workshops delivered in accessible bite-sized sessions. Pre and post data collected from all workshops to date will be presented (6 completed with a further 10 to be completed by end of January: estimated 40 participants). Practitioner related outcomes from these workshops will be discussed highlighting the impact accessible learning can make. Recommendations will be made in the light of these findings for the future delivery of work-based learning opportunities.

Recommended reading:

Department of Health (2000), Towards a strategy for nursing research and development: proposals for action. Nursing and Research and Development Directorates, London, DoH

HEFCE (2001) Research in nursing and allied professions: Report of the Task Group 3 to HEFCE and the Department of Health 01/63 November 2001

7

Exploring empowerment-related topics in patients with chronic obstructive pulmonary disease (COPD): Practical and methodological issues

Ann-Louise Caress, *School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, United Kingdom. Co authors: Karen Luker, Ashley Woodcock, Robert Niven, Tim Frank, Jorgen Vestbo, Vicki Staples, Maria Towey & Mike Spencer*

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Abstract:

BACKGROUND: There is increasing emphasis on seeking patients' perspectives on their condition and treatment, quality information-giving and patient participation in healthcare (DH 2000, DH 2001). We will use experiences from a study involving patients with COPD to highlight some challenges and practical considerations which can arise when researching such empowerment-related issues with patients who are vulnerable, frail and unchallenging of professional authority.

METHODS: Qualitative study involving purposive sample of 60 patients from one primary care site and one specialist respiratory centre. Data were collected using focused conversation-style interviews, with Control Preferences Scale sort-cards (Degner et al 1997) used to facilitate discussion of preferred role in treatment decisions. Interviews were transcribed verbatim and thematically analysed.

RESULTS: Practical issues regarding access, conduct/duration of interviews and feeding back findings arose. Most patients initially reported having no information needs, but further exploration revealed poor condition-related knowledge and a desire for health professionals to be proactive in information-giving. Using the sort-cards, 51/60 respondents preferred a passive role in treatment decision-making, 8/60 a collaborative role and only one an active role. Contributors to role preference were trust in health professionals, lack of knowledge and belief that "the doctor knows best". Careful probing revealed that even those preferring a passive role wanted to express their views on treatment and have these acknowledged. Furthermore, these apparently very passive patients were actually actively engaged in "day-to-day" decision-making, either formalised (eg commencing "reserve" antibiotics) or self-initiated (eg stopping or adjusting treatment).

CONCLUSIONS: Our experiences highlight the value of qualitative work in uncovering hidden needs and perspectives. "Patient involvement" is multifaceted, hence conceptual clarity is required in its exploration. The findings highlight practical and methodological considerations for researchers, but also suggest a need for clinicians to be proactive in exploring information needs and preferences with these patients.

Recommended reading:

Department of Health (2001) The Expert Patient: A New Approach to Chronic Disease Management for the 21st Century London: DoH

Department of Health (2000) The NHS Plan: A Plan for Investment, A Plan for Reform London: The Stationery Office

Degner LF, (1997) The Control Preferences Scale *Canadian Journal of Nursing Research* 29(3):21-43

8

Building up participatory action research circles in community health care

Irena Dychawy-Rosner, Department of Health Sciences, Kristianstad University, Kristianstad, Sweden. Co authors: Jane Springett & Eva Skogh

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Abstract:

Over the past decades the rapid changes in the roles and status of professionals involved in community health care has been highlighted. Community nurses are heavily involved in health promotion issues and doing more advanced care in people's homes. This means that the care provided in people's homes is much more demanding (Dychawy-Rosner, 2000). For example, patients who need renal dialysis or terminal care now being looked after in the home by district nurses. This presentation examines the issues of initiating a research project located in a rural community in the south of Sweden. The aim of the research is to analyse the current practice of the nursing team and use the research to improve local knowledge and develop more patient-centred care. It is part of a wider initiative funded by the regional government aimed at developing research to support collaboration between the different providers of health care under the umbrella term "Närsjukvård" (Socialstyrelsen, 2003). The project uses a PAR inquiry methodology. The objective of this type of approach is to create a change in practice through collaborative working and co-partnership between the researchers and participants in identifying and solving problems (Springett, 2003). The research process is one of systematic inquiry where, in essence, all involved stakeholders who have interests in the problem become co researchers. The PAR research cycles are discussed including the phases of clarification of issues, identifying questions of inquiry, and data collection and analysis. The challenges in engaging in this type of research in a rural community context are explored and the contribution the process of collaborative inquiry has made to the development of community nursing and patient care are identified.

Recommended reading:

Dychawy-Rosner I, Eklund M & Isacson Å. (2000) direct care staff's need for support in their perceived work role in day activities units. *Journal of Nursing Management* 8, 39-48.

Socialstyrelsen (2003) (The National Board of Health and Welfare) Kartläggning av närsjukvård - en underlagsrapport inom uppföljningen av den nationella handlingsplanen. Stockholm.

Springett, J (2003). Issues in Participatory Evaluation in Minkler, M. and Wallerstein, N. Community - Based Participatory Research for Health. Jossey Bass San Francisco, pp263-288

9

Desperately seeking nurses and midwives - using the Irish nursing/ midwifery register as a sampling frame for a national survey on empowerment

Anne Matthews, School of Nursing, Dublin City University, Dublin, Ireland. Co authors: P. Anne Scott & Melissa Corbally

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Abstract:

The Live Register of Nurses and Midwives of the Irish Nursing Board (An Bord Altranaís) was used as a sampling frame for a national survey on the

understanding and experiences of empowerment of nurses and midwives in Ireland carried out by a team at the School of Nursing, Dublin City University (Scott et al 2003). A random stratified national sample of practising midwives and nurses (working in general, paediatric, public health, intellectual disability and mental health nursing) was required. The possibilities and pitfalls of using the Live Register as a sampling frame for a national survey of nurses and midwives in current practice are described in this paper. Reasonable success is reported in achieving an acceptable response rate as well as a representative sample in terms of geographical distribution and across all areas of practice of nursing and midwifery. The article describes how the potential problems with using the Register were encountered and addressed. Guidance is offered for those undertaking future national surveys on nursing/midwifery in Ireland and internationally using nursing/midwifery registers.

Recommended reading:

Scott, P A, Matthews, A & Corbally, M (2003) Nurses' and Midwives' Understanding and Experiences of Empowerment in Ireland. Final Report. Dublin: Dept of Health and Children.

METHODOLOGY

10

Investigation of the usefulness of Alfred Schutz's phenomenological sociology as a theoretical approach to underpin narrative research

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Abstract:

Narrative research is increasingly recognised as a valuable approach in accessing aspects of the patient's perspective. Qualitative research methods are strengthened when they have relevant theoretical underpinning. This presentation examines the fit and potential of phenomenological sociology as a methodology that could enhance the effectiveness of a narrative research approach. Relevant theoretical underpinning:

- provides structure to unify studies
- reduces the dominance of the researcher's own interpretation
- facilitates in-depth investigation and analysis
- offers concepts, processes, and ideas tested by others
- demands incisive thought and conceptual clarity

A theoretical approach underpinning Narrative Research needs to:

- respect the subjectivity of participants
- accept narrative as it is given, whether contradictory, incoherent, or ordered
- support the investigation of thought processes
- appreciate the complexity of experience and interpretation behind any narrative

Phenomenological Sociology:

- regards biography as a fundamental influence on outlook
- accepts apparent contradiction within an individual's story

- focuses on the sedimentation of a person's experiences, and their interpretations of those experiences over time
- is concerned with the process of development of people's natural attitude, or common sense understanding of the world
- respects subjectivity Schutz has a colourful and relatively accessible writing style, which facilitates the straightforward application of his ideas and philosophy within current research practice.

This poster presents Schutz's concepts of:

layers of sedimentation of experiences and interpretations within a biography;

kernels of knowledge with outer layers of uncertainty; anticipation of apparent incongruities within human interpretation

and the importance of constructs as well as descriptions.

These provide some of the tools with which to delve deeper into the construction of the narratives that people give. A method of analysis is offered that assists in delving through the *epoché* of the natural attitude, towards the experiences and interpretations that formed it, thus going some way towards understanding people's narratives and their interpretation of their experiences.

Recommended reading:

Titchen A. Exploration of the relevance and usefulness of phenomenological sociology to research into the patient's perspective in health care, *Journal of Advanced Nursing* 44(5):450-460.

Schutz, A. (1967) *The phenomenology of the social world*, Evanston Illinois: Northwestern University Press.

Schutz, A. (1970) *Alfred Schutz on phenomenology and social relations*, Chicago: The University of Chicago Press.

11

Rapid results and grounded findings: Using an on-line survey tool

Anne Casey, Editor (Paediatric Nursing) & Adviser. Co authors: Rosemary Correll

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Abstract:

Providing high quality patient centred care that is safe, effective and efficient is the ultimate goal of a modern National Health Service (NHS) operating in the 21st century. Advanced Information and Communication Technologies (ICT) could support a vision of integrated and seamless services that are delivered in a timely and convenient fashion. Billions of pounds are pledged to national programmes, across the UK, that focus on better use of ICT in healthcare. Empirical evidence suggests that regular involvement of users is crucial for successful implementation of ICT in care settings. Clinical engagement during the development phases of system development will ensure that systems are designed to fit the purpose of aiding optimal care provision. However, taking account of the speed of technological advancements, the initial emphasis of the National Programme for IT (NPfIT) in England was on procuring the technology and establishing working relationships with suppliers. To alert policy makers to concerns raised by members, the RCN was looking for a quick and convenient way of gathering data from a wide range of nursing professionals and care environments. The method chosen was using an on-line survey and a short questionnaire was produced. It included demographic questions, multiple choice and 2 open ended questions for free text input. Following a pilot study the on line

survey commenced in late January 2004 for 28 days. Rapid analysis of quantitative results were circulated amongst policy makers and the study was seen as an effective way of delivering a campaign message that was clearly grounded in contemporary clinical reality. The paper will elaborate on analysis findings and highlight some of the methodological issues and challenges that are inherent in a method that promises to produce robust, reliable and speedy outcome.

12

The research process in a real world setting: The impact of detours and delays on the journey

Sally-Ann Baker, Centre for Health and Community Research, North East Wales Institute, Wrexham, Wales, United Kingdom. Co authors: Marjorie Lloyd & Ros Carnwell

✉ bakersa@newi.ac.uk

Abstract:

Despite detailed planning research projects may not always go to plan. Using a specific project as an example, the presentation will describe some of the difficulties that can occur when undertaking research. A health and community research unit were commissioned to undertake a small scale external evaluation of a primary care based initiative which sought to improve the physical health of people with serious mental illness (SMI) through health screening (Phelan 2001). The duration of the project was to be three months, would take a developmental evaluation approach (Øvreveit 1998), and use focus groups as the main method of data collection. The sample would be drawn from those practices which had signed up to the initiative (n=10) and include GPs, practice managers and practice nurses. The patient population comprised those with SMI who had participated in screening (n=169). In undertaking the project a number of hurdles were encountered most of which were outside of the researchers' control and as a result the project took 10 months rather than 3 months to complete. The paper will describe the difficulties encountered, the solutions applied and reflect upon contributing factors and the lessons learnt. The final outcomes of the project will also be shared. Intended Learning Outcomes -To appreciate the difficulties in gaining access to research settings -Understanding the process of conducting developmental evaluation -To Understand the principles of researching vulnerable groups

Recommended reading:

Øvreveit, J., (1998) Evaluating Health Interventions. Open University Press

Phelan, M., Stradins, L., Morrison, S., (2001) physical health of people with severe mental illness. British medical Journal 322 pp 443-444

13

Speak to me: Utilising narratives in health care research

Sally Hardy, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, United Kingdom

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Abstract:

Attempting to understand the 'user's voice' within the confines of health care research has been a theme throughout my research journey. I have aimed to find, understand, and represent people's personal experiences (of madness, of nursing practice expertise, of health care experience) from

many different sources. The following paper outlines elements of this research journey, drawing specifically from two projects, first my own doctoral thesis and second, from the RCN Expertise in Practice project (Manley et al, 2004). Using these two sources I present and provide examples of narratives from conversations, the internet and writings of people who have been willing to share their personal experience, in the hope that others might learn and better understand what it is like to experience health care today. From these two projects, many practitioners choose to integrate the user voice through case vignettes. This writing process I call 'patient orientated stories' and could be seen as a re-authoring of the user voice and a tokenistic attempt to capture a person's health care experience, which actually disempowers the person and silences their authentic voice. I describe this as a discourse of otherness. Poulton (1999) argues that true participation and empowerment can only progress when there is a recognised shift away from a paternalistic approach to health care to a humanistic and person centred one. An approach that recognises and values individuals for the contribution they make and enables individuals, (families and communities) to shape their own identities. Kemmis (1993) suggests that to confront these challenges and move away from paternalism, the task may involve not only a challenge to the kinds and extent of connections we make but a change to the kinds and extent of our relationships. Failing to remove 'professional spectacles' when conversing with users is an obstacle that ensures the user's authentic voice remains distanced/othered. The experience of health care, for many people is about a distinctive separateness, a lack of connectedness to those around them, a shift in their relationships. I propose that through the use of narratives there is a potential for promoting a shared otherness; recognising distinctions, differences and accepting these as a reality of human existence that can potentially transform health care provision.

Recommended reading:

Kemmis S (1993) Action research and social movement: a challenge for policy research. Education policy analysis archives 1 (1) ISSN 1068-2341. <http://epaa.asu.edu/v1n1.html>

Manley K, Hardy S E, Garbett R, Titchen A & McCormack B (2004) Changing patients worlds. Exploring nursing practice expertise. RCN I London

Poulton B.C (1999) User involvement in identifying health needs and shaping and evaluating services: is it being realised? Journal of Advanced Nursing 30(6) 1289-1296.

14

Central Office of Research Ethics Committee

Patricia Douglas, COREC, London, United Kingdom

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Abstract:

To inform researchers about the Central Office of Research Ethics Committee and how to submit their application to an Ethics committee. The Poster describes the new process, there will also be leaflets and a computer available to visit COREC web site. It's extremely important that nurses undertake research, however they often find the process of submitting to ethics committees difficult. The poster will give delegates the opportunity to ask questions about Research Ethics and solve problems they have with submitting to Ethics.

Recommended reading:

DoH (2001) Governance Arrangements For Research Ethics Committees. DoH

DoH (2004) research Governance. DoH

DoH (2004) The Medicines for Human Use (Clinical Trials) Regulations. DoH

15

A nurse-led pilot study to develop a valid and reliable questionnaire to measure primary health care professionals' views and perceptions of diabetes care

Joan McDowell, Head of Nursing & Midwifery School, University of Glasgow, Glasgow, United Kingdom. Co authors: Kathryn McPhail & Grace Lindsay

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Abstract:

A need was identified to develop a tool to measure primary health care professionals views and perceptions of diabetes and its treatment as it has been shown in numerous studies that these have an impact on patient outcomes (Dunning et al 1999, Woodcock et al 1999, Larme et al 1998). Moreover the primary health care team have become increasingly involved in the care of people with diabetes since GP contracts requiring chronic disease management programmes to develop in primary care were introduced. Furthermore the Glasgow Diabetes Project has also increased the involvement of the primary care team in the management of diabetes. A questionnaire has been developed and is being used in a sub section of a larger study evaluating the impact of the Glasgow Diabetes Project within one Local Health Care Co operative (LHCC). Four stages were followed to develop the questionnaire: a literature review, consultation with a national panel of diabetes experts, and a talk through stage where a sample of primary health care providers were invited to make in-depth comments on each of the questions. In the final stage the questionnaire was piloted. The poster will go into these stages in more depth. The questionnaire will be used to measure links between health care professionals views and perceptions of diabetes, and patient outcomes.

Recommended reading:

Dunning T & Martin M. Health professionals' perceptions of the seriousness of diabetes. Practical Diabetes International 1999;16(3):73-77

Larme AC & Pugh JA. Attitudes of primary care providers towards diabetes: barriers to guideline implementation. Diabetes Care 1998;21(9):1391-1396

Woodcock AJ, Kinmonth AL, Campbell MJ, Griffen SJ & Spiegel NM. Diabetes care from diagnosis: effects of training in patient-centred care on beliefs, attitudes and behaviour of primary care professionals. Patient Education and Counselling 1999;37:65-79

16

Theoretical and methodological issues of quality of life assessment

Janice Rattray, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom

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Abstract:

Quality of life (QoL) assessment can provide a greater understanding of the consequences of health care. Assessment of QoL brings the focus back to the patient rather than disease, assists

practitioners prioritise problems, and facilitates communication. In recent years there has been increasing interest in QoL as an outcome measure, and a consequent rise in the number of studies that seek to assess QoL in different patient populations. However despite this QoL is often poorly defined or operationalised, and a range of assessment tools have been developed. To be useful in clinical practice a QoL measure should be reliable, valid, acceptable to the patient, responsive to change, and results should be easy to interpret. This paper will discuss the methodological and theoretical issues associated with QoL assessment, and use examples from the standard needs and phenomenological approaches. A standard needs approach commonly uses self-report questionnaires to assess QoL. This approach usually uses quantitative analysis, and can compare different patient populations or different groups from the same population. It also allows change over time to be assessed. However, it assumes that all individuals have the same needs and that it is needs as opposed to wants that determines perceptions of QoL. This approach also assumes that these needs have the same relevance or importance to all, and that they can be objectively measured and quantified. The phenomenological approach however focuses on the individual and allows the individual to determine the content and importance of aspects of QoL. This has a number of benefits. It may be seen as a more valid measure because it recognises the individual as unique. However reliability and validity are more difficult to establish, change over time or between groups can be difficult to assess, data more difficult to interpret and data collection resource intensive.

Recommended reading:

Garratt, A., Schmidt, L., McIntosh, A., Fitzpatrick, R. (2002) Quality of life measurement: bibliographic study of patient assessed health outcome measures. *British Medical Journal*, 324 (15th June): p. 1417-1419

Higginson, I.J. and A.J. Carr, (2001) Using quality of life measures in the clinical setting. *British Medical Journal*, 322(26th May): p. 1297-1243.

O'Boyle, C., H. McGee, and C.R.B. Joyce, (1994) Quality of life: Assessing the individual. *Advances in Medical Sociology*, 5: p. 159-180.

17

The radical importance of pilot study in informing a main study design

Jeannie Donnelly, *Nursing Development Centre, University of Ulster and Royal Hospitals Trust, Belfast, United Kingdom. Co authors: George Kernohan & Dave Marsh*

✉ jeanie.donnelly@royalhospitals.m-i.nhs.uk

Abstract:

This paper describes a small pilot study, which informed a RCT comparing simple elevation (using pillows) with therapy mattresses in the prevention of pressure ulcers on the heels of older people with fractured hips.

Pilot study objectives - To determine whether the: Study is properly resourced Sample is representative of the 'at risk' population Study is adequately powered to detect differences/relationships Data collection tool is adequately informed and methodically structured in order to facilitate statistical analysis Potential for systematic error Physiological measurement tools are practical/valid (de Raeve, 1996; Jadad, 1998)

Methods: Subjects comprised 4 groups: heels up or down on alternating or cutfoam mattresses. Validated measures were used to collect baseline

information on predisposing risk factors and to inspect the skin for signs of tissue damage at various time points throughout the treatment period. Success was determined by the absence of a pressure ulcer at the point of censor. Inclusion Criteria

1. Aged 65 years or older on day of injury
2. Able to give informed consent
3. New fractured hip (≤ 48 hours old).
4. Able to undergo tests and assessment procedures proposed
5. Pressure damage free

Findings: The population, which excluded cognitively impaired people, was not representative of the general fractured hip population (Heyburn et al, 2004). Standard pillows were ineffective, largely due to their haphazard placement. The potential mattress change reduced recruitment, as it was associated with additional pain/distress. The various measurement techniques were reliable and valid, and together acted to reduce the risk of mono-operation and mono-method biases

Discussion: The pilot study provided valuable information about the population, the proposed interventions and the data collection methods. It also provided an opportunity to rectify potential biases. The ensuing changes resulted in a study that is realistic and will generate knowledge that is applicable to practice.

Recommended reading:

DE Raeve, I. (1996) *Nursing research: an ethical and legal appraisal*. Bailliere Tindall: London

JADAD, A. (1998) *Randomised controlled trials*. BMJ Books: London

Heyburn, G., Beringer, T., Elliott J., Marsh, D. (2004) Orthogeriatric care in patients with fractures of the proximal femur. *Clin Orthop*. 2004 Aug;(425):35-43.

18

Articulating the imaginary

Debbie Fallon, *School of Nursing, Salford University, Manchester, United Kingdom*

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Abstract:

Initial stages of a PhD that focuses on adolescent access to emergency contraception necessitated the piloting of a questionnaire. The nine respondents for this exercise were asked to relate what they thought an access experience would be like for them, that is, they described an imagined experience. I argue in this paper that their articulation of this «event» revealed useful insights relating to «judgement» and «responsibility» despite the imaginary origin. Using the concept of the Imaginary Audience (Elkind and Bowen 1979) and Public Individuation (Ryan and Kuczkowski 1994) this paper aims to raise the possibility that the use of imaginary articulations in adolescence can provide useful research data. The paper will contribute to the development of knowledge and practice within health and healthcare by highlighting how psychological theories of adolescence might provide insights into alternatives to traditional ideas about what counts as data

Recommended reading:

Elkind D and Bowen R (1979) Imaginary audience behaviour in children and adolescents. *Developmental Psychology*. 15:1 38 - 44

Ryan R and Kuczkowski R (1994) The imaginary audience, Self - Consciousness, and Public Individuation in Adolescents. *Journal of Personality*. 62:2 219-238

PROFESSIONAL ISSUES

19

The extended role of the senior health care assistant: Taking valid consent

Maria Leggett, *Senior Health Care Assistant, SHCA, Wellcome Trust Clinical Research Facility, Southampton General Hospital, Southampton, United Kingdom. Co author: Victoria Leggett*

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Abstract:

The Clinical Research Facility (CRF) has fostered Senior Health Care Assistants to expand customary roles to include taking consent for specific studies. What is valid consent? Consent is not simply a signature on a consent form. To take valid consent the SHCA must be deemed competent and needs a clear understanding of the research project.

1. Barriers to SHCA's taking consent in research New role:

SHCA's have not previously had a role in research. Unknown area: consent is an established practice – the question of SHCA's taking consent had never been addressed. Accountability / Risk management issues: who is accountable for the SHCA's practice? Trust, Senior Nurse in CRF, Principal Investigator Recent National incidents eg. Alderhey Declaration of Helsinki (2000): requires the physician to obtain consent.

2. How the extended role was developed:

After 12 months of unsuccessful enquiries, the issue was taken up by a newly appointed Senior Nurse Manager, who met with Trust Risk Manager. A competency and SOP was developed and approved by Risk Manager and implemented by CRF staff. International Conference of Harmonisation and Good Clinical Practice allows the Principal investigator (PI) to delegate the consent process (2002); the PI's agreement is necessary. Competency is assessed by the PI whose signature is required for individual studies.

3. Why should SHCA's take consent?

Uses all CRF staff to full potential. Allows SHCA's to participate in areas of Research Process, enabling qualified staff to undertake more complex studies. "Underpinning Knowledge" – Component of NVQ level 3 City and Guilds Qualification held by SHCA's mirrors Research Governance Framework (DoH 2001) regarding the dignity, rights, safety and well being of participants. Common theme of patient centred practice found in NVQ education and mandated by NHS Plan (DoH 2000) recognises the need to make consent patient-centred across all NHS organisations.

Recommended reading:

Department of Health (2000) NHS Plan. London: Crown Copyright.

Department of Health (2001) Research Governance Framework for Health and Social Care. London: Crown Copyright.

International Conference on Harmonisation (2000) Guideline for Good Clinical Practice. London: EMEA.

The formulation of a structured professional development programme for junior nurses (D to E grade or KSF equivalent) at North West London Hospitals NHS Trust, using an action research approach

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Abstract:

In 2003 Trust audit data identified that only 7.6% of 116 nurses qualifying between October 2001-April 2003 had been promoted to E grade (NWLH NHS Trust, Clinical Education and Training Department, 2003). This represented a bottleneck of D grades, which would have a profound effect on the Trust's future ability to fill E and F grade posts internally and to employ 'adaptation', 'return to practice' and newly qualified nurses. The need to develop, implement and evaluate a professional development programme to assist these nurses to acquire the theoretical and practice knowledge, skills and attitudes to enable a smooth and timely transition to E grade and beyond was therefore urgent. A collaborative action research approach was proposed to promote the construction of a robust development programme based on local need. Action research is particularly relevant when applied to healthcare settings because of its focus on the 'real world' (Kelly et al, 2002). Ethical approval was obtained in June 2004 and baseline data was obtained from 34 nurses (D to H grades) who took part in the 1st phase of interviews and focus groups. Data analysis was adapted from Burnard (1991) and a semi-structured questionnaire was used to assess how far early themes identified were acceptable to staff. Seven major themes were identified as follows: The developing practitioner, building knowledge for practice, clinical leadership and inter professional relationships, the demands of NHS working, the impact of politics/ health economy and demographics, mentorship/ nurture and support and creating and managing the learning environment. These themes were used to structure the programme.

The programme will be implemented from September 2004. Ongoing evaluation will take place as part of normal practice. Nurses enrolled on the programme will be asked to keep a 'reflective diary' of their own practice and any problems encountered. A 2nd phase of interviews and focus groups will be conducted from January 2005 to assess the impact of the programme.

Recommended reading:

Burnard, P. (1991) A method of analysing interview transcripts in qualitative research, *Nurse Education Today*, 11, pp 461- 466.

Kelly, D; Simpson, S. and Brown, P. (2002) An action research project to evaluate the clinical practice facilitator role for junior nurses in an acute hospital setting, *Journal of Clinical Nursing*, 11, (1), pp 90-98.

Patient dependency in emergency care: Do we have the nurses we need?

Jonathan Benger, Faculty of Health and Social Care, University of the West of England, Bristol, United Kingdom. Co author: Alison O'Brien

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Abstract:

Background: Nursing salaries are the largest single expenditure in the NHS, but the number and grade of nursing staff are often determined on historical or arbitrary measures. [SNMAC 2002] Staffing calculations based only on the number of patients fail to take account of dependency, and hence the actual nursing workload.

Aims: To use the previously validated Jones Dependency Tool (JDT) [Jones 1990] to establish current patterns in the dependency of patients attending the Emergency Department (ED) of an inner city teaching hospital, thereby informing present and future decisions regarding nursing numbers and grade mix.

Methods: The JDT was used to prospectively collect data on all patients attending an adult ED over a two-week period. The primary outcome measure was patient dependency assessed on arrival and departure, and at 4 and 8 hours if the patient was still in the ED. Data was analysed using descriptive statistics and chi-squared testing. Results Data was collected on 48% of all patient attendances. Analysis of the triage category of all patients compared to those for which data had been collected suggested that this sample was satisfactorily representative. 10% of patients fell into the high or total dependency groups on arrival. Patients tended to become less dependent during their ED stay, and analysis of those individuals in whom dependency increased was clinically valuable. The proportion of high and total dependency patients did not vary by day of the week, but was significantly increased overnight (between 8pm and 8am). This emphasises the weakness of basing staffing levels on patient numbers alone.

Conclusion: Patient dependency is one of the essential determinants of nursing grade mix, and can be used to predict workload, resource use and the optimal staffing levels that will provide safe and effective patient care. [Hurst 2003] Dependency can be readily and repeatedly assessed, and we recommend this approach to other Emergency Departments.

Recommended reading:

Hurst K. Selecting and applying methods for estimating the size and mix of nursing teams. A systematic review of the literature commissioned by the Department of Health. Leeds: Nuffield Institute for Health, 2003.

Jones G. Accident and Emergency Nursing – A Structured Approach. London: Faber & Faber, 1990.

Standing Nursing and Midwifery Advisory Committee (SNMAC). Balancing the shift – a position paper exploring key issues for nursing skill mix within the context of workforce planning. London: SNMAC, 2002. Available at <http://www.advisorybodies.doh.gov.uk/s>

Pilot study to measure the work of community nurses in Ireland

Anne-Marie Brady, School of Nursing & Midwifery Studies, University College Dublin Trinity College Dublin, Dublin, Ireland. Co authors: Gobnait Byrne, Colin Griffiths, Pual Horan, Catriona Macgregor & Cecily Begely

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Abstract:

Aim of study: To further develop and refine the Community Client Need Classification System developed by Begley et al (2004) and to test the instruments to be used in a study of the workload of the public health nursing service in autumn 2004

Design: Quantitative Setting, Population & Sample: The setting was one health board with three community care areas including urban and rural locations. A convenience sample of 9 PHNs was recruited.

Focus of pilot study: Content analysis was carried out on the Community Client Need Classification System (CCNCS) to evaluate the clarity, representativeness and relevance of this caseload/workload measurement tool for use with all community care groups. The tool was modified and adapted from the Easley Storfjell Patient Classification Index (ESPCI) (Anderson & Rodosky, 2001) to assess both direct and indirect care needs of community clients.

Methods: Caseload analysis was carried out using the CCNCS. All PHNs recorded their caseload activities, client contact direct and indirect time in addition to completing an evaluation and content analysis of the tool.

Findings: The CCNCS was successful in discriminating the level of client need across all care groups. A positive correlation was demonstrated between use of PHN time in direct and indirect care and level of client need. A number of modifications to increase validity of the CCNCS and to improve the research instruments for the main study emerged from the pilot.

Implications: The CCNCS was refined and developed during this pilot study. It will be used in a main study of all nurses working in the Public Health Nursing service. It is anticipated CCNCS will be permanently implemented and will contribute to community care service and manpower planning through out the region.

Recommended reading:

Anderson, K. L., and Rodosky, J. S. (2001) Evaluation of a Home Health Patient Classification instrument. *Western Journal of Nursing research* 23(1): 56-71

Begely, C., Brady, A.M., Griffiths, C. Macgregor, C. & Horan, P (2003) The Role and Workload of the Public health Nurse in the Galway Community Care Area Trinity College Dublin: Dublin

Nursing-led inpatient units: New perspectives on their theoretical basis

Ruth Harris, Florence Nightingale School of Nursing and Midwifery, King's College London, London, United Kingdom

✉ ruth.z.harris@kcl.ac.uk

Abstract:

Nursing-led inpatient units (NLIUs) are advocated as a model of intermediate care with the potential to improve patient clinical outcomes and relieve pressure on acute hospital beds. The rationale for

viability and effectiveness of the NLIU is based on three propositions:

- that there is a therapeutic component of nursing that operates independently of other disciplines.
- that for some patients there is a period of their recovery, after the initial acute crisis has resolved, where nursing is the main determinant of recovery. These patients would be better cared for in an environment where nursing therapy was the priority of care.
- that nurse-managed care is possible because patient case-mix is based on nursing need enabling qualified nurses to be equally available to all patients.

It is proposed that post-acute patients are cared for predominantly by unqualified nurses in acute wards (Hall et al 1975). This model of NLIU care has been cited to support the establishment of all published NLIUs despite little tangible underpinning evidence. Findings of studies evaluating the effectiveness of NLIUs have been variable; early studies demonstrating improved patient outcome on the NLIU (Hall et al 1975, Pearson et al 1992) and recent studies showing no benefit (e.g. Griffiths et al 2001). This presentation reports an observational study conducted as part of a large RCT to evaluate the effectiveness of a NLIU (Griffiths et al 2001). Staff activity analysis and non-participant observation of direct patient care (450 hours) were conducted. The findings of these detailed observational data challenge and offer new insights into the theoretical basis of the NLIU model of care and may contribute to our understanding of the inconsistent findings of studies evaluating the effectiveness of NLIUs. These new findings and their implication for the future development of NLIUs will be discussed in this paper.

Recommended reading:

Hall L, Alfano G, Rifkin E and Levine H (1975) Final report: longitudinal effects of an experimental nursing process. Loeb Center for Nursing and Rehabilitation and the Departments of Medicine and Biostatistics: New York.

Pearson A, Punton S and Durant I (1992) Nursing Beds: an evaluation of the effects of therapeutic nursing. London: Scutari Press

Griffiths P, Harris R, Richardson G, Hallett N, Heard S and Wilson-Barnett J (2001) Substitution of a nursing-led inpatient unit for acute services: randomized controlled trial of outcomes and cost of nursing-led intermediate care. *Age and Ageing* 30: 483

24

Nursing Time - how do you spend yours? Changes from 1990-2002

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Abstract:

The amount of time nurses spend on various activities continues to diversify and evolve in response to the changing needs of their role within the National Health Service (Spilsbury and Meyer, 2001). Crouch (1992) suggests that many tasks undertaken by qualified nurses are not directly related to patient care.

Aim of the study: To compare and contrast the percentage of time spent by nurses on a range of activities during the past twelve years in a large acute hospital trust in South Yorkshire.

Method: Over the past 12 years information has been gathered on nursing activities through activity

sampling. The results are used to determine skillmix requirements, the appropriateness of nurses carrying out certain tasks and to identify workload levels at different times of day and night to help with the formation of duty rotas. The activities carried out by nurses were divided into direct and indirect patient care activities, and then divided further into specific groupings including clerical work, intravenous drug administration and recording patients clinical observations. Totals were obtained for the whole hospital and also subdivided into the specialities of general medicine, general surgery, renal care, cardiac services, orthopaedics and spinal injuries.

Findings: Administration and clerical work has increased more than any other single activity during the time period studied. Other activities varied depending on the speciality with the increase in clinical observations being most marked in cardiac services.

Conclusions: A knowledge of the amount of time nurses spend on various activities is essential in order to plan staffing levels and skills required as well as having important implications when planning training needs both for pre-registration students and post registration training. This knowledge can also be used to develop roles for other staff groups such as ward clerks where qualified nurses are not required to carry out some activities.

Recommended reading:

Spilsbury K., Meyer J. (2001) Defining the patient contribution to patient outcome: lessons from a review of the literature examining nursing outcomes, skillmix and changing roles. *Journal of Clinical Nursing*, 10(1) 3-11

Crouch R. (1992) Technician, cleaner, clerk or nurse? *Nursing Times*, 5(3) 30-32

25

The implementation of essence of care in a clinical research facility

Jane Moghul, Wellcome Trust Clinical Research Facility, Southampton General Hospital, Southampton, United Kingdom. Co authors: Julie Mitton & Clare Grocott

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Abstract:

What is Essence of Care? Developed to improve the quality of essential aspects of care (DoH 2001). Framework by which to examine these aspects of care, with patients' and their carers' experiences at the heart of the process. How does Essence of Care apply to the research setting? The Clinical Research Facility (CRF) strives to achieve the highest standards of practice by following the key elements of the Research Governance Framework (DoH 2001) including respect for participants' dignity, rights, safety and well-being. Benchmarks pertinent to the CRF: communication, privacy and dignity, record keeping. Communication developed first as it is fundamental to both nursing and research. Development of the Communication benchmark.

Stage One: Agree best practice. Comparison group established. Vision and aims identified. Participant focused outcome: 'Participants experience effective communication that is sensitive to their individual needs, promoting an appropriate environment in which to conduct high quality research. This applies to research conducted in the CRF and in other clinical areas supported by the CRF research nurse outreach service.' Outcome broken down into 12 specific factors to identify best practice, e.g.: Information giving.

Stage Two: Assess clinical area. Each factor scored to indicate current practice. Evidence provided to represent current achievement towards best practice. Barriers to achieving best practice identified as areas for development. Relevance to research area ensured by reviewing participant feedback in satisfaction questionnaires. Future implementation and benefits to the CRF.

Stages three to six involve producing and implementing action plans based on areas for improvement to achieve best practice. Full cycle completed by reviewing achievements and disseminating the improvements with other CRFs and clinical areas. The implementation of Essence of Care is original in the research setting and will benefit practice by promoting improvements in research quality and encouraging best practice to improve care (DoH 2001).

Recommended reading:

Department of Health (2001) Research Governance Framework for Health and Social Care. London: Crown Copyright.

26

Supplementary prescribing and nursing practice: A study of nurses' expectations

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Abstract:

Introduction: This paper will report on the findings of the first round of ongoing research on nurses' expectations and subsequent experiences of supplementary prescribing. The findings of the study will contribute to a body of knowledge concerning professional development and nursing practice, particularly in relation to issues regarding advanced practice and role change.

Background: Supplementary prescribing was introduced in the United Kingdom in 2003 to enable nurses, who have received additional training, to prescribe under the mandate of an agreed clinical management plan. It is based upon a partnership between the nurse, the doctor and the patient.

Aim: This study investigates why nurses, undertaking a course to become supplementary prescribers, want to take on this role and to explore their perceptions of how the role will impact on future nursing practice.

Method: Qualitative data were collected using six focus group interviews. Participants were selected purposefully from a cohort of students undertaking a course in independent and supplementary prescribing in Northern Ireland, to represent the views of nurse practitioners, district nurses, mental health nurses and hospital specialist nurses. Taped interviews underwent thematic analysis.

Findings and discussion: Motives for wishing to become supplementary prescribers include appealing employers, opportunistic advancement of practice and the belief that the ability to prescribe represents the missing link in the provision of one-stop care by nurses. Reservations include frustration with the clinical management plan requirement and a perceived delay in the setting up of systems that will allow supplementary prescribing. Future nursing practice could be greatly enhanced by having the authority to prescribe; however this could be negatively offset by the additional time and organisational requisites of supplementary prescribing. The overriding themes are that the successful implementation of supplementary prescribing is likely to

be dependent on the support of medical staff and the efforts of the individual nurses involved.

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Developing training resources for service user, carer and public involvement: The experiences of the project review and reference group (RRG)

Sandy Herron-Marx, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom. Co authors: Helen Speight & Mandy Williams

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Abstract:

Nurses and midwives are increasingly being asked to work in partnership with service users, carers and the public in all the stages of a research project. The process of involving service users, carers or the public is almost as important as the outcomes where 'user involvement' is concerned. Understanding how members of a project review and reference group (RRG) feel about the process of involvement is very important. It helps to clarify potential mechanisms needed within a project (from design to dissemination) to support people on both individual and group levels. The quality of the experience of involvement and partnership working can be a key to the success of a project. This paper will outline the findings of a study designed to explore the experiences of (and motives for) being a member of a review and reference group (RRG) on a project designed to develop training material and processes to enable/support user involvement in NHS and Social care activity.

Study design: A retrospective qualitative study

Study Objectives: To examine the experiences of and motives for being involved in the project review and reference group (RRG) To examine whether the initial purpose of the RRG was met in reality and the principles of 'user involvement' were followed.

To examine some of the facilitators and barriers to effective partnership working within the group

Sample: A total population sampling approach is used (N=19)

Data Gathering: A combination of one-to-one and focus group interviews using a semi-structured interview schedule

Data Analysis: Thematic analysis using Burnard's (1991) step by step approach to interview analysis. Implications for practice: The findings from the study are used to inform the development of both new guidance notes and the existing training materials for nurses and midwives who work in partnership with patients, carers and the public in research and development activity.

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Making visible the invisible: Strengthening the capacity for equity and social justice in practice

Una Lynch, School of Nursing and Midwifery, Queen's University Belfast, Belfast, United Kingdom. Co author: A. Lazenbatt

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Abstract:

The demographic transition that is occurring across Europe combined with the growth in mental problems, presents real challenges for the realisation of equity in health care: governance, and practice. This poster will draw on a cross sectional study of the oral health status of long

stay psychiatric patients: to illustrate that older and long stay psychiatric patients, experience a non random burden of poor oral health and that a multidisciplinary approach to health needs assessment provides a valuable way of addressing this inequity. The mean age of the patients was 59.7years and the mean length of time in hospital was 25.6years: nine of the patients had been in the hospital for periods of time ranging from 40 to 60years. The oral health assessment in the study was carried out by a nurse and was comprised of a short structured interview with patients and an oral examination using a revised version of the oral health assessment guide [OHAG] (Eilers et al 1988, Sjorgen & Nordstrom 2000). The study focused on 65 long stay patients in a psychiatric hospital and achieved a response rate of 82%. The majority of patients, 83% (n=34) were diagnosed as having schizophrenia or paranoid schizophrenia, 61% of the patients were male and 39% were female. Compared to the general population the oral health status of the psychiatric patients was very poor and their dental health had been neglected. Only one of the 26 (63%) dentate patients was dentally fit having no evidence of calculus, decayed or fractured teeth. In both the dentate and edentulous patients (49%) there was evidence of severe discolouration and severe attrition present and 51% (21) of the patients showed evidence of grossly decayed and/or fractured teeth. There was a conspicuous lack of health promoting behaviour.

CANCER AND PALLIATIVE CARE

29

Developing an evidence based nutritional care protocol for patients undergoing bone marrow transplant

Michelle Davies, Adult Leukaemia unit, Christie Hospital (NHS) Trust, Manchester, United Kingdom. Co authors: J. McLellan & J. Commins

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Abstract:

Malnutrition has long been recognised as a significant problem associated with Cancer and its treatment. Patients undergoing BMT are often already malnourished due to previous chemotherapy and the underlying disease process. These patients' specific nutritional requirements are often not met. By critically analysing the current care provision for nutrition on our specialist unit and comparing it with current best practice we identified a sub optimal service resulting in inconsistencies in care. The key areas of interest were: Lack of knowledge and awareness of nutritional issues from nursing and medical staff. Random prescribing of parenteral nutrition. Limited documentation of nutritional requirement Increased cost due to bad practice Despite being a Cancer centre of excellence poor dietetic cover resulted in lack of education and clinical support. It is widely recognised the enteral feeding is the preferred method wherever possible. Traditionally parenteral feeding has been the method of choice as enteral feeding has been poorly tolerated due to treatment modalities. However recent advances in technology of enteral delivery has allowed enteral feeding to be reconsidered in these patients. Having identified the problems we did a literature search and produced an evidence based protocol and care pathway. The protocol was designed in conjunction with the developmental needs highlighted by the nursing team and the dieticians. We recognised that transplant patients required a more detailed plan of care to

meet their specific needs therefore we developed flow charts and an assessment tool that could be integrated into day to day practice successfully. There continues to be a diversity of practice within centres throughout the UK for feeding BMT patients, despite using similar treatment regimes. Following an extensive search of the literature it is clear that there is little evidence available to clearly suggest which of these feeding methods is most beneficial. Further studies are required comparing NJ feeding and TPN in this group are needed.

Recommended reading:

BAPEN (1996) Standards and Guidelines for Nutritional Support of Patients in Hospitals. Worcestershire: British Association of Parenteral and Enteral Feeding.

Working Party of the Royal College of Physicians (2002). Nutrition and Patients: A Doctors Responsibility. Report of a working Party of the Royal College of Physicians. London: RCP.

Szeluga, D. J., Stuart, R. K., Brookmeyer, R., Utermohlen, V., Santos, G. W. (1987) Nutritional support of bone marrow transplant recipients: A prospective, randomised clinical trial comparing total parenteral nutrition to an enteral feeding program Cancer

30

Survival following surgery for cancer of the vulva: What are the issues?

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Abstract:

Cancer of the vulva accounts for 3-5% of all gynaecological malignancies, or about 800 new cases in the UK each year. It arises for two aetiologies, epithelial hyperplasia and the effects of the human papilloma virus. It is predominantly a disease of older women, but younger women are increasingly being affected. A review of the literature has shown that there has been very little research on the outcomes following this surgery. Studies on both Dutch and American women (1,2,3) have been quantitative and studied sexual functioning only. the aim of my M Phil is to explore the biopsychosocial consequences following surgery for cancer of the vulva. the methodological framework is descriptive phenomenology. The respondents, who will be recruited by purposive sampling will be aged 50 years or under, heterosexual and with a partner. Ethical approval has been granted. The respondents will be interviewed, and tape recorded and the data analysed using the N6 Nudist qualitative data analysis computer programme. Nine women have been interviewed to date, with approximately 15 women being involved in total or when saturation is reached. The poster demonstrates the rationale for undertaking the research, its aims and objectives and implications for nursing practice. Quotations from some of the respondents are included.

Recommended reading:

Van de Wiel H Weijmar Schultz W Hallensleben A Thurkow F Bouma J Verhoeven A 1990, Sexual functioning of women treated for cancer of the vulva. Sexual and Marital Therapy 5, 1, 73-80

Willibrord C Weijmar Schultz W van de Wiel H Bouma J Janssens J Littlewood J 1990. Psychosocial functioning after treatment for cancer of the vulva. Cancer July 15, vol 66 402-407

Green M Wendel Naumann R Elliott M Hall J Higgins R Grigsby J 2000, Sexual dysfunction following vulvectomy Gynaecologic Oncology 77, 73-77

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An investigation of sleep disturbance in patients with cancer-related fatigue: Assessment, measurement and the development of sleep promotion guidelines

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Abstract:

Sleep disturbance has been reported as a correlate of cancer-related fatigue, however the exact nature of the relationship between the fatigue experienced during the day and the quality of sleep obtained at night remains unclear. It is known that both fatigue and sleep disturbance are prevalent in cancer patients impacting significantly on their quality of life from the time of diagnosis and throughout the illness trajectory. This makes assessment and measurement of these symptoms of key importance in care planning and nursing management. The proposed presentation has been developed following an investigative literature review to support the development of a Sleep Disturbance Screening Pathway for Patients with Cancer Related Fatigue. A concise review of this literature will be reported upon. In recognition of the correlation between sleep and fatigue a nonpharmacological sleep intervention programme will be proposed in the form of an Individual Sleep Promotion Plan (ISPP) for each patient attending a chemotherapy outpatient department. This compliments the existing screening and management program for patients with cancer related fatigue. A review of both subjective and objective indicators for the assessment of sleep patterns identified the Pittsburgh Sleep Quality Index as the most suitable self report instrument for use as a repeated measure in this setting will also be presented. Recommendations for instrument validation in a cancer-related fatigue population will be analyzed. General sleep promotion guidelines have been formulated which include the components of sleep hygiene counselling, relaxation therapy, sleep restriction and stimulus control. The overall ethos of this work is to allow patients to become coscientists in their care planning, a model which is consistent with the ethos of patient centered care.

Recommended reading:

Curt G & Johnston P. G. Cancer Fatigue: The Way Forward The Oncologist, Vol. 8, Suppl 1, 27-30, February 2003

Engstrom CA, Strohl RA, Rose L, Lewandowski L, Stefanek ME Sleep alterations in cancer patients. Cancer Nurs. 1999 Apr;22(2):143-8.

Dillon E & Kelly J. The Status of Cancer Fatigue on the Island of Ireland: AIFC Professional and Interim Patient Surveys The Oncologist, Vol. 8, Suppl 1, 22-26, February 2003

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The management of dying and death in care homes: A regulatory perspective

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Abstract:

Background: Care homes provide a home for older people to live in until they die. Regulatory frameworks, such as the National Minimum Standards (Department of Health 2000), shape the

provision of care in care homes, to ensure quality care. Although there is increased interest in meeting the needs of people dying in care homes, there has been no attention paid to the role of inspection and regulation in the management of death and dying in care homes.

Aim: In this paper the way dying and death are constructed in regulatory policy and by inspectors is presented.

Methods: A discourse analysis was undertaken of the Standard 11, 'Dying and Death', and its twelve sub-clauses. In addition, the Standard 11 section from the inspections, undertaken in 2003, for 273 care homes in one English county, were analysed. Content analysis was undertaken to explore the relative importance of the different aspects of the Standard within the inspection reports. The language used by the inspectors was also examined to explore the underlying discourses concerning dying and death, held by the inspectors.

Findings: Within regulatory policy Standard 11 is a representation of a 'good' death. The elements outlined in the Standard indicate how this 'good' death can be achieved. The process of inspection brings to the fore certain aspects of the dying and death process for older people and the staff that care for them, for example the control of pain. These elements will be identified and explored further. Factors that shape the inspectors' practice will also be outlined.

Conclusions: The inspection process influences care provision in care homes. Understanding how dying and death is constructed in regulations, and by inspectors, will inform initiatives seeking to develop good care for older people dying in care homes.

Recommended reading:

Department of Health (2000). Care Homes for Older People. National Minimum Standards. Care Standards Act. London, The Stationery Office.

33

How probable is probable? Navigating treatment decisions in gynaecological cancer

Anne Lanceley, Institute of Women's Health, University College London, London, United Kingdom. Co authors: Bob Heyman, Ian Jacobs & Yvonne Carter

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Abstract:

Following a diagnosis of cancer attention must be devoted to improving patient's psychosocial well being, and their ability to effectively participate in treatment decisions and symptom management (NHS Centre for Reviews and Dissemination 2000) Psycho-social studies to date have revealed that many women with gynaecological cancers do not believe themselves sufficiently empowered to actively seek information about their illness (Carlsson & Strang, 1998). Other studies highlight women's common perception that decisions are taken by doctors and their uncertainty about their preferred role in treatment decision-making (Carlsson et al 1999). This study aimed to investigate women's preferences in relation to their involvement in treatment and care decisions, and their beliefs about how their needs in this respect can best be met. Women with cancer of the ovary, cervix or uterus were recruited either to one-to-one interview (N=28) or to one of two focus group discussions (N=24). Sampling was based on the principle of maximum variation and women were recruited from gynaecological oncology data-bases across one Cancer Network. Findings relate to women's perceived

relationship with health care professionals, and perceptions of risk. Women's understanding of the risk language used by clinicians during their care and treatment and how this impacts on decision-making is considered.

Findings suggest that sensitive discussion about the probability of recurrence, and conveying the balance between treatment efficacy and treatment related complications and symptoms is valued by women. However discussions were not always perceived adequate to help navigate treatment decisions. Focus on these processes has implications for the supportive role of clinical nurse specialists and the training of health care professionals.

Recommended reading:

Carlsson ME Strang PM (1998) How patients with gynaecological cancer experience the information process Journal of Psychosomatic Obstetrics and Gynaecology (4) 192-201

Carlsson ME Strang PM Nygren U (1999) Qualitative analysis of the questions raised by patients with gynaecological cancers and their relatives in an educational support group Journal of Cancer Education 14 (1) 41-46.

NHS Centre for Reviews and Dissemination (2000) Informing, communicating and sharing decisions with people who have cancer Effective Health Care 6 6.

34

Reconfiguring cancer nursing assessment in the outpatient chemotherapy department: Acknowledgement of need

Catherine Wilson, Adult Nursing, City University, London, United Kingdom.

Abstract:

Background: Assessment of patients is a core activity of all health care professionals. In oncology, assessment is a key component of professional practice and multi-disciplinary communication because patients with cancer and their families require information, psychological and social support, symptom relief, and co-ordinated care at all stages of the illness (Gysels and Higginson 2003). Research to date suggests that assessment of cancer patients' physical symptoms and psychosocial needs is often inadequate (Parle et al. 2001), and that cancer nurses' communication skills during the assessment interview are poor (Heaven and Maguire 1996). However, these studies concentrate on the linguistic aspects of communication and fail to acknowledge the patients' contribution, or the social context of the assessment.

Method: As part of a study with a before-and after design evaluating the impact of introducing an assessment tool into two outpatient chemotherapy departments, 20 nurse-patient assessments were tape recorded and evaluated using an interpretive framework. Nurses and patients participated in the analysis and reflect upon the assessment in order to provide insight into the meanings implicit in the encounter.

Results: Based on findings from both case studies involving 20 patients, the findings reveal that patients did not disclose physical, social or psychosocial needs to the nurses; rather, their expectations of what the nurse would want to know influenced the information they volunteered or shared in the assessment encounter. Nurses sought specific information from patients in order to practise safely: this did not often include information about patients' psychosocial concerns. The results suggest that cancer nurses' assessment practice

can be presented as 'acknowledgement of need', both patients' and nurses' needs.

Conclusion: Locating cancer nursing assessment in an interpretive paradigm emphasises the importance of mutual understanding and interpretation of need and identifies that both patient and nurse contribute to the assessment process.

Recommended reading:

Heaven C and Maguire P (1996) Training hospice nurses to elicit patients concerns *Journal of Advanced Nursing* 23 280-286

Parle M, Gallagher J, Gray C, Akers G, Liebert B (2001) From evidence to practice: factors affecting the specialist breast nurse's detection of psychological morbidity in women with breast cancer *Psycho-Oncology* 10 503-510

Gysels M, Higginson IJ (2002) Service configuration guidance on supportive and palliative care for those affected by cancer Unpublished Report National Institute for Clinical Excellence

35

Enhancing outpatient chemotherapy nurse's assessment practice: A realist evaluation of the impact of an assessment tool

Catherine Wilson, *Adult Nursing, City University, London, United Kingdom. Co authors: Ros Bryar & Anne Lanceley*

Abstract:

Background: Assessment of patients is a core activity of all health care professionals. In oncology, patients and their families require information, psycho-social support and symptom relief at all stages of the illness, so competent assessment is a key skill. One of the main recommendations of the NICE Guidelines on the service configuration and delivery of supportive and palliative care is that assessments of patients with advanced cancer should be structured to make them more effective. The implications of this recommendation for practitioners, patients and the service have yet to be identified. The presentation will describe a study to evaluate the impact of using a quality of life questionnaire in an outpatient chemotherapy unit.

Method: A realist evaluation was used to explore the impact of using a quality of life tool to structure nurses' assessments of patients receiving outpatient palliative chemotherapy. 20 patients and 5 nurses participated.

In Phase 1 of the study, nurses assessed patients according to their usual practice. Following a period of one-one training in the use of a quality of life questionnaire, Phase 2 of the data collection was commenced, in which the nurses assessed patients using the tool. Data relating to the context of the assessment were collected through non-participant observation, and used in the realist evaluation.

Results: The presentation will describe the effect of introducing an assessment tool into clinical practice from a realist evaluation perspective. In particular, the impact of the tool will be explained in terms of the meanings, actions, and social rules of the outpatient chemotherapy department, in line with realism's emphasis on social systems.

Conclusion Realist evaluation moves the analysis of data beyond the identification of outcomes alone, to a more contextually-bound evaluation, where the relationship between intervention and outcomes are explained and are grounded in the realities of practice.

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Specialist lung cancer service - who gets access?

Lavinia Magee, *Thoracic Oncology, Papworth Hospital NHS Trust, CAMBS, United Kingdom. Co authors: Sara Godward, Leigh Roberts, Susan Charman & David Gilligan*

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Abstract:

Introduction: Papworth Hospital set up a lung cancer service (LCS) and multidisciplinary clinic in November 1995 to assist the diagnosis and treatment of lung cancer. UK guidelines recommend timely and appropriate investigations. Clinical experience however indicates that patients do not always present in a typical fashion. Are outcomes affected by referral to a specialist LCS?

Methods: Patients in the catchment area of Papworth Hospital LCS diagnosed between 1998 and 2000 were identified from the East Anglian Cancer Registry. Data regarding age at diagnosis, sex, postcode, histology, treatment, and Carstairs Deprivation Quintile were obtained. Outcomes between those who did and did not attend Papworth Hospital LCS were compared.

Results: 2100 primary lung cancers were diagnosed in residents of the catchment population. Most (63%) were men, and median (interquartile range) age at diagnosis was 72 (62 to 77). Patient survival at 1 year was 25% (95% confidence interval: 23% to 27%). Approximately half of the patients received some form of treatment in the first 6 months of diagnosis (11% surgery, 14% chemotherapy, 42% radiotherapy). LCS attenders were similar to non-LCS attenders in terms of sex and histology but they were of higher socio economic status, younger, and more likely to receive active treatment. Amongst those in the catchment population, survival at one year was higher amongst LCS attenders (39%) compared to non-LCS attenders (17%). This reduction in the risk of death remained after controlling for age, sex, deprivation quintile, and type of tumour. Adjustment for types of treatment reduced the apparent difference among the groups, but the risk of death in those who did not attend the LCS remained 1.6 (95% confidence interval: 1.5 to 1.8) times higher than in those who did.

Conclusion: Referral to a specialist LCS was associated with improved survival. This benefit remained after controlling for confounding factors.

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Bereaved carers' perceptions of community specialist palliative care

George Kernohan, *School of Nursing, Faculty of Life & Health science, University of Ulster, Jordanstown, United Kingdom. Co authors: Lorna Nevin & Felicity Hasson*

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Abstract:

This retrospective study examined the perceptions and experiences of seventy-three bereaved carers in relation to the role of Community Specialist Palliative Care Teams and to identify areas for service improvement. A self-completed postal questionnaire enquired about (1) referral processes (2) experiences during care (3) level of satisfaction (4) communication with professionals (5) use of additional services and (6) evaluation of overall service. Satisfaction with the care experience was high. Areas for development included communication and counselling skills. The role of the

specialist nurse in the provision of bereavement support was unclear. The experiences of carers showed that the support from professional carers was adequate. By drawing attention to issues that affect the carer, improvements can be made to community palliative care delivery. The results inform future planning and implementation of sustainable community-based programs, tailored specifically to the needs of the terminally ill and their informal carers.

Recommended reading:

Department of Health. (2000). NHS Cancer Plan: A plan for investment a plan for reform. London: HMSO

McLoughlin PA. (2002). Community specialist palliative care: experiences of patients and carers. *Journal of Palliative Nursing*; 8(7):344-353.

Jarrett NJ, Payne S. & Wiles R. (1999). Terminally ill patients and lay carers perceptions and experiences of community based services. *Journal of Advanced Nursing*; 29:476-483.

38

Recognising dying: Awareness and denial of dying in US nursing homes

Davina Porock, *School of Nursing, University of Nottingham, Nottingham, United Kingdom. Co author: Debra Parker-Oliver*

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Abstract:

Approximately one quarter of all deaths in the USA occur in nursing homes (NHs). Despite the frequency of dying, end of life (EOL) care is not considered a priority of care in U.S. NHs, and for the majority of residents access to hospice services is very limited. NHs also have a reputation for providing poor care in relation to palliative and EOL care and limited empirical research has been conducted in the areas. The main obstacle in identifying residents who might benefit from hospice care is recognising that the resident is dying. The purpose of this qualitative study was to describe the cues that NH staff use to recognise that a resident is transitioning into the EOL. Simple thematic analysis was undertaken of the transcribed, audiotaped, individual interviews. The findings revealed two processes. The first was a growing awareness that the resident was dying characterised by a "what if..." phase then a transition to the "ready to go" phase and culminating in "the look about them" phase. Parallel to this was another process of gradual diminishment of death denial. This process was sustained by the NH culture of death denial including not discussing issues related to death and dying. This caused tension for NH staff as they tried to piece together the signs of dying and, at the same time, were not able to discuss openly what was happening. Once the cues for dying were undeniable as noted by "the look about them", the taboo was lifted and activities associated with dying in the NH were initiated. Only at this time was hospice mentioned in relation to EOL care. Implications for practice are incorporating staff's knowledge of the resident into the plan of care and promoting communication around EOL issues.

Recommended reading:

Parker-Oliver, D., D. Porock, et al. (2004). «End of life care in U.S nursing homes: A review of the evidence.» *Journal of the American Medical Directors Association* 5: 147-155.

Porock, D., D. Parker-Oliver, et al. (2003). «A profile of residents admitted to long-term care facilities for end-of-life care.» *Journal of the American Medical Directors Association* 4(1): 16-22.

Gillick, M., S. Berkman, et al. (1999). «A patient-centered approach to advance medical planning in the nursing home.» *Journal of the American Geriatrics Society*, 47(2): 227-30.

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Student nurse's lived experience of caring for the dying: A Gadamerian hermeneutic phenomenological study

Miriam Cass, Department of Nursing and Health Sciences, Waterford Institute of Technology, Waterford, Ireland

Abstract:

Despite the many technological advances in modern society death remains a taboo subject. Modern society has been labelled death denying and some have suggested that this has led to the professionalisation or medicalisation of death (Clark 1993). Health care workers who are in constant contact with death and dying experience many anxieties and problems. These difficulties are particularly problematic for students within the health care professions. Research that explores these issues has the potential to help not only those who give the care but the 'cared for' will also benefit. It is increasingly recognised that research into areas concerning fundamental questions of life and death require approaches that are broader in scope than the scientific method can expound (Gadamer 1996). The aim of this study therefore was to explore the experiences of student nurses undertaking a diploma in general nursing within an Irish context. It employed a hermeneutical phenomenological approach guided by the work of Gadamer. Unstructured face-to-face interviews were engaged in with six student nurses. The interviews were audiotaped and transcribed verbatim. The data was analysed using an adaptation of van Manen's (1990) method of analysis. The main findings or themes that emerged from the students experiences was an overall theme of "Love" or concern for the dying which was demonstrated in two sub-themes of "Being with" and "Being-for" the patient inter linking a fourth sub-theme of "Learning to care". One striking conclusion that could be drawn from this study is that despite the tremendous difficulties involved in working within the modern health care environment these students exemplified care that should be celebrated by the profession. However this care should not be taken for granted and every effort should be taken to encourage and support the work of students as they care for the dying. This presentation will illuminate some of the experiences of the students who participated in this study and hopefully offer some insight into the problems they encountered and how the profession might address these issues in the future.

Recommended reading:

Clark, D.(Ed) (1993) *The Sociology of Death*. Oxford: Blackwell

Gadamer, H-S. (1996) *The Enigma of Health: the art of healing in a scientific age*. Stanford: Stanford University Press.

Van Manen, M. (1990). *Researching lived experience: human science for an action sensitive pedagogy*. London, Ont.: Althouse Press; Albany, NY: SUNY Press..

NURSING PRACTICE

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A comparative study of simultaneous and sequential assessment of breathing and carotid pulse check - implications for policy development, practice and research

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Abstract:

Background: Assessing breathing and carotid pulse check in the victim of cardiac arrest remains problematic (Moule 2000, Ruppert et al 1999). Existing guidelines recommend that a sequential assessment be performed unconscious patients, this includes a 10 second (10s) assessment for signs of breathing followed by a further 10s for signs of circulation (AHA and ILCOR 2000). Anecdotally, some Trusts teach staff to perform both skills simultaneously within a 10s timeframe. This study compared a sequential assessment with a simultaneous assessment of breathing and carotid pulse check to estimate differences in diagnostic accuracy.

Methodology: 89 registered healthcare professionals attending post-qualifying courses at an English University were recruited. SIM-Man, TM was used to develop 10 simulated case studies to test differences in diagnostic accuracy. Participants performed 10 simulations for each of the two assessment methods. Diagnostic accuracy was confirmed by correctly confirming the presence or absence of breathing, pulse and manual location of the carotid pulse within defined timeframes. Data analysis was conducted using SPSS v11. Post hoc data analysis identified a sub-group which took between 10-20s to perform their simultaneous assessments. This subgroup is included in the analysis.

Results and conclusion: With a simultaneous assessment, 21 (24%) achieved more than five correct diagnoses increasing to 43 (48.3%) with a sequential assessment. However, in the sub-group 59 (66.3%) scored more than five correct diagnoses. Likewise with a simultaneous assessment the median score was 2, with a sequential assessment this was 5, but the median score rose to 8 for those performing a 20s simultaneous assessment. The difference between the three was statistically significant (Friedman $\chi^2=76.9$, $p<0.001$). Measures of sensitivity and specificity for breathing and pulse were improved compared with earlier studies. Recent resuscitation training was not associated with skilled performance. The discussion analyses the implications for policy, practice and research.

Recommended reading:

American Heart Association and International Liaison Committee on Resuscitation. (2000) *Adult Basic Life Support*. Resuscitation, 36: 29-71

Moule P. (2000) Checking the carotid pulse: diagnostic accuracy in students of the healthcare professions. Resuscitation, 44: 195-201

Ruppert M, Reith M, Widman J, Lackner C, Kerkmann R, Schweiberer L and Peter K. (1999) Checking for breathing: evaluation of the diagnostic capability of emergency medical services personnel, physicians, medical students and medical laypersons.

41

Can the use of writing groups help facilitate staff to publish and provide an evidence base in nursing and midwifery practice?

Adam Keen, School of Nursing, Midwifery & Social Care, University College Chester, Chester, United Kingdom. Co authors: Elizabeth Whitehead & Marilyn King

Abstract:

This paper reports on the findings of an investigation carried out to ascertain the potential of a writing group to encourage academic and clinical staff to publish their work from academic awards or clinical projects. The study implemented the use of focus groups to inform an online questionnaire, administered via email to all academic members of staff (160), and followed by semi-structured interviews. Data was analysed using thematic analysis (Whitehead, 2001) for the qualitative elements of the study and SPSS (Field, 2002) for the quantitative questionnaire. This was to investigate how a previously established writing group could be expanded to further support the needs of staff. Specifically targeted were members wishing to become more involved in writing for publication and conferences to disseminate their narrative and research findings. The major results of this investigation identified that the writing group had the potential to assist the School to meet the following needs:

1. A friendly and productive forum to meet the individual needs of staff including those new to writing for publication.
2. A contribution to the School's research culture, including the identification and promotion of the Research Assessment Exercise (RAE) potential.
3. Increased collaboration with practice areas through an expansion of group membership to include practice partners and all those wanting to publish from their academic work.
4. The facilitation of peer review groups.
5. The creation of an agreed ethical code of conduct.
6. The networking of individuals with particular writing interests.
7. Providing a forum for outside speakers with specialist interests in publishing. The writing group has embraced this research to consolidate and direct the ongoing development of the group across a multi-site campus.

Recommended reading:

Whitehead E. (2001) *Teenage Pregnancy: On The Road To Social Death*. International Journal Of Nursing Studies. 38(2001) 437-446

Field A. (2000) *Discovering Statistics Using SPSS For Windows*. Sage: London

42

How does a programme of emancipatory PD enable the introduction of evidence-based person centred intermediate care?

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Abstract:

The vision for intermediate care services across the Southern Health and Social Services Board

is to provide a range of locally tailored integrated services that promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living. The care will be person-centred and focused on rehabilitation and delivered by a combination of professional groups. The aim of this paper will be to provide a methodological overview of an emancipatory action research study aimed at promoting effective intermediate care across the four HPSS Trust's in this area. Emancipatory practice development (ePD) (Manley & McCormack, 2003), focuses on the development and empowerment of staff as deliberate and inter-related with creating a transformational culture or learning and development. The purposes of ePD are consistent with and reflect the influences of critical social science methodology (Habermas, 1972). Drawing on principles of action research as its evaluation framework in order to integrate the development of practice with systematic data collection, this paper will provide a justification for this work as a means of promoting change and sustainability. Strategic development of the intermediate care service has been achieved in partnership between commissioners, providers and care receivers. The place of skilled facilitation as a means of achieving a collective vision for service development and the outcomes achieved in promoting better care, will be explained. Evidence supporting the role of practitioners as co-researchers who are collecting process and outcome data will be offered in line with the following four action research cycles:

1. Changing culture cycle
2. Leadership development cycle
3. Service planning and delivery cycle
4. Learning and development cycle. In concluding, the place of emancipatory practice development as a means of promoting shared decision-making and interface working across primary and secondary care settings will be supported.

Recommended reading:

Manley K and McCormack B (2003) Practice Development: purpose, methodology, facilitation and evaluation. *Nursing in Critical Care*, 8, 1, 22-29

Habermas J (1972) Knowledge and human interests, London, Heinemann

Harvey J et al (2002) Getting evidence into practice: the role and function of facilitation. *Journal of Advanced Nursing*, 37, 60, 577-588

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The person centred nursing project

Robert Garbett, *Nursing Development Centre, University of Ulster and Royal Hospitals Trust, Belfast, United Kingdom. Co authors: Brendan McCormack & Tanya McCance*

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Abstract:

There is growing emphasis on a person-centred approach to healthcare, evident from the literature within medicine and community care. It is also of particular interest across the varied domains of nursing for example, gerontology. Evidence suggests that adopting this approach to nursing provides a more holistic approach to care, and may increase patient satisfaction with the level of care, reduce anxiety levels among nurses in the long term (Bond et al 1991). This project contributes to the body of evidence that suggests the positive impact of person centred approaches on patient experience and nurse satisfaction. Person-centred practice holds central the knowledge and experience that each person

brings to the care situation and which is necessary for decisions that will best serve the patient's well being. At the heart of this style of nursing is the therapeutic nurse-patient relationship that requires continuity of care and the acceptance of responsibility for the outcomes of care (McCormack 2001). This presentation will summarise the research and practice development methods used to work with eight purposively selected clinical areas to help teams start the journey to greater person centredness in their practice. Quantitative measures have been used to look at aspects of nurses' morale, stress and job satisfaction as well as patient satisfaction. These measures have been developed and validated for use in the project. Qualitative data include tape recorded interactions between nurses and patients. The practice development framework draws on that described by McCormack et al (2004) to help teams identify core values and beliefs and strategies to ensure that these are reflected in practice. Evidence relating to improvements in nurse satisfaction, stress and morale and patient satisfaction will be provided. Process evaluation data will also be presented to outline the links between practice development processes and the outcomes observed.

Recommended reading:

Bond S, Fowler, P. and Fall, M. (1991) Evaluating Primary Nursing (Part 2). *Nursing Standard* 1(5), 37 - 39.

McCormack, B. (2001a) Negotiating Partnerships with Older People - A Person-Centred Approach. Ashgate, Basingstoke.

McCormack, B, Manley, K & Garbett R (2004) Practice development in nursing. Oxford: Blackwell

44

Exploring the relationship between nursing practice and nursing protocols

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Abstract:

Nursing practice no longer relies on tradition or ritual, instead it is based on research and empirical evidence. The emphasis on evidence-based nursing as well as standardisation of nursing practice has resulted in the production of policies, protocols and guidelines aimed at directing numerous aspects of nursing care. The aim of this study was to explore the relationship between these documents and actual nursing practice. To this end, this descriptive study employed a case-study approach to examine the experiences of nurses in an Irish intensive care unit with a protocol on endotracheal tube suctioning. Questionnaires returned from 26 nurses provided demographic and educational data whilst interviews of 17 nurses in 6 focus groups provided further information. Focus group interviews provided a significant insight into the experiences of these nurses in relation to policies, protocols and guidelines. Analysis of the data afforded some highly relevant findings including the fact that nurses adapt clinical protocols as they see fit, thus demonstrating the importance that they place on their own professional judgement and autonomy. This paper will examine the findings of this research in particular the hypothesis that developments in nursing are not unlike those made by our colleagues in medicine. Doctors were fearful that their autonomy and decision-making may be impinged upon by the presence of such documents (Delamothe, 1993) while studies on protocolized care revealed the reluctance to relinquish such control (Ely, 1998). This similarity inspires an interesting

proposition: as nursing has grown and matured into an autonomous research-based profession, it may also have grown to experience similar obstacles to medicine. Perhaps having received the devolved jurisdiction and control of our profession and practice we have become similarly possessive of such autonomy and are just as reluctant to relinquish command in favour of written protocol, as our medical colleagues. If this hypothesis could be proved it would have considerable implications for how guides to autonomous nursing practice are both formulated and implemented. Nurse education and preparation for the profession would need to change to reflect this added impetus on independent decision-making, as would the need for professional indemnity.

Recommended reading:

Cheek, J. & Gibson, T. (1997) Policy matters: critical policy analysis and nursing. *Journal of Advanced Nursing*, 25, 668-672.

Delamothe, T. (1993) Wanted: guidelines that doctors will follow. (Editorial) *British Medical Journal*, 307, 218.

Ely, E. W. (1998) Challenges encountered in changing physicians' styles: the ventilator weaning experience. *Intensive Care*

45

Health care practitioners' use of tympanic thermometers in practice

Jeff Evans, *School of Care Sciences, University of Glamorgan, Pontypridd, United Kingdom. Co author: Joyce Kenkre*

Abstract:

Background: The availability of hand-held infrared tympanic membrane thermometers has resulted in their widespread adoption in clinical settings due to their perceived improved speed, safety and acceptability to clients (Alexander D et al 1991, Akininka et al 2001). However, serious concerns continue to be raised regarding the validity, reliability and predictive power of these devices (O'Brien et al 2000). Whilst studies continue to evaluate the technical aspects of these devices, fundamental information regarding their use in practice is missing. Of particular concern is the lack of any data regarding the level of understanding that health care personnel have of infra-red thermometry technology.

Methods: The aim of this study was to assess nurses' and paid non-professional carers' knowledge and use of tympanic thermometers in practice. Data collection was via a survey tool, designed following a review of the current literature. The setting was a medium sized general hospital in south Wales.

Results & conclusions: An opportunistic sample of nurses and health care assistant (n = 143) was obtained from a range of in-patient and out patient departments, covering all patient age groups. The majority of personnel who measure patient temperatures most frequently during a shift are nursing auxiliaries with only a few years experience. There was no relationship between the age of the patient group and the frequency of temperature measurement. Infra-red tympanic thermometry (IRT) was found to be the most frequent used method of temperature measurement, and had high levels of perceived accuracy, reliability, ease of use and patient acceptability. There was a poor knowledge base across all clinical grades regarding IRT. Formal training was skewed towards higher clinical grades and was frequently conducted by commercial representatives of equipment suppliers. In conclusion, a limiting factor to the effectiveness of IRT maybe the lack of knowledge and competence of the operator.

Recommended reading:

Akinyinka OO, Omokhodin SI, Olawuy JF, Olumese PE, Brown BJ, Tympanic thermometry in Nigerian children *Annals of Tropical Paediatrics* 2001; 21 (2): 169-174

Alexander D, Kelly B, Responses of children, parents and nurses to tympanic thermometry in the pediatric office *Clinical Pediatrics* 1991; 30 (4): 53-56

O'Brien DL, Rogers IR, Holden W, Jacobs I, Mellett S, Wall EJ, Davies D, The accuracy of oral predictive and infrared emission detection tympanic thermometers in an emergency department setting *Academic Emergency Medicine* 2000; 7 (9): 1061-1064

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Nurses' knowledge of chest drain care

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Abstract:

Chest drains are a common feature of patients admitted to acute respiratory or cardio-thoracic surgery care areas. These are either inserted intra-operatively or as part of the conservative management of a respiratory illness or thoracic injury. Whilst chest drains are usually inserted and removed by the medical team it remains the responsibility of both the nurse and the doctor to care for the patient throughout the course of the treatment (Laws, Neville and Duffy, 2003). Anecdotally there appears to be a lack of consensus among nurses on the major principles of chest drain management. Many decisions tend to be based on personal factors rather than sound clinical evidence (Tang et al 1999). This inconsistency of treatment regimes, together with the lack of evidence-based nursing care, create a general uncertainty regarding the care of patients with chest drains (Parkin, 2002). This study aims to identify the nurses' levels of knowledge with regard to chest drain management. The research objectives of this study were (i) to describe nurses' levels of knowledge regarding the care of the patient with chest drains and (ii) to identify how nurses acquire and update their knowledge on chest drain management. The choice of design for this study is a descriptive survey, which is considered useful to categorise information and to describe what exists. Ethical approval and access to the sites were established at the early stages of the research process. In order to select a sample that is most representative of the population, questionnaires were distributed to nursing staff working in acute care, respiratory, cardiac and thoracic surgery wards of two hospitals in Dublin. The participants were selected by convenience sampling, as a register for respiratory or cardio-thoracic surgical nurses does not exist in Ireland. The data was collected using a specifically designed questionnaire. The results of the study indicated that deficits exist with regard to nurses' knowledge in this area. In service study-days as well as ward-based tutorials are recommended to inform local practice in this area.

Recommended reading:

Laws, D., Neville, E. and Duffy, J. (2003) British Thoracic Society guidelines for the insertion of a chest drain. *Thorax* 58: 53-59.

Parkin, C. (2002) A retrospective audit of chest drain practice in a specialist cardiothoracic center and concurrent review of chest drain literature. *Nursing in Critical Care* 7(1): 30-35.

Tang, A., Hooper, T. and Hasan, R. (1999) Regional survey of chest drains: evidence-based practice? *Postgraduate Medical Journal* 75: 471-474.

47

Day surgery: Nursing contribution to this new surgical era

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Abstract:

The level of surgery undertaken in United Kingdom day surgery units has risen considerably over the past 15 - 20 years. Currently, the Government's aim is for 75% of all elective surgery to be undertaken on a day-case basis. Throughout this pioneering era of elective surgical treatment, nursing roles and responsibilities within the modern surgical environment have largely shadowed medical advances. Consequently, numerous medical developments have pre-determined many of the present day surgery nursing practices. Currently, multi-skilled day surgery nurses principally undertake medically orientated tasks to ensure the effective throughput of day surgery patients. Evidence based nursing knowledge appears to have contributed very little to the recent success of day surgery. This may be largely due to the lack of attention given to modern surgical practices (in particularly day surgery nursing activities) within current pre-registration nurse education programmes of study. The aim of this study was therefore to evaluate the consideration given to modern surgical practices in the programmes of study of recently qualified staff nurses currently employed within the day surgery clinical environment in order to gauge the extent of the challenge. Two hundred and sixty eight nurses employed within the day surgery facilities who had completed their programmes of study in nursing within the last 5 years responded to the postal questionnaire. The results revealed that the level of attention to day surgery practices within pre-registration nurse education programmes was extremely low. Moreover, an examination of the professions' actual and potential theoretical contribution to modern surgical practices was virtually nil. Furthermore, once qualified the vast majority of staff nurses experienced no additional formal education for their role in day surgery. The results of the survey are discussed in relation to nurse education, clinical nursing roles in day surgery and the future of nursing within the modern surgical arena.

Recommended reading:

Audit Commission for Local Authorities and the National Health Service in England and Wales (1997) *Anaesthesia under examination*. London: HMSO.

Department of Health (2000) *The N.H.S. Plan - Creating a 21st Century N.H.S.* London: HMSO (Cm 4818 - 1).

Rose, K., Waterman, H., McLeod, D. and Tullo, A. (1999) Planning and managing research into day-surgery for cataract. *Journal of Advanced Nursing*. Vol.29 No.6 p. 1514 - 1519.

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An exploration of the preceding factors that influence student nurses practice in oral care

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Abstract:

Introduction: In this paper, the application of the fourth phase of the Precede Model (Green and Kreuter, 1999) as a framework for reviewing the

literature on oral care and subsequently for guiding the research design is examined. The focus of this model is to diagnose the determinants that influence behaviour (patient oral care) before an intervention could be designed to alter that behaviour.

The aims of the study therefore were to explore and identify precedent determinants concerning student nurses' practices of oral care in hospitalised patients to include: predisposing educational preparation of student nurses, enabling of student nurses' practices regarding oral care tools and agents utilised, and reinforcing factors of socialisation and role modelling on student nurses' behaviours in practising oral care.

Method: A quantitative descriptive study was designed within a theoretical framework adapted from the Precede Model (Green and Kreuter, 1999). Data were collected using a newly designed 19 itemed self-administered questionnaire. A convenience sample of 37 second year student nurses took part in the study. Data were analysed using the Statistical Package for Social Sciences (SPSS).

Results and Conclusion: The main findings indicated deficits in the educational preparation of respondents in predisposing them to practice oral care of patients. Likewise, deficits in respondents' clinical learning of oral care were found. For example, respondents' exposure to and application of tools and agents as enabling factors in facilitating oral care of patients in clinical practice were found in part to be out-dated and not researched based. It was found that respondents were influenced by these practices, which were reinforced by their socialisation and role modelling experiences, particularly "fitting in" with the prevailing oral care routines of wards; a finding that most respondents (78%, n=29) were in agreement with. In concluding this paper, the implications of findings and recommendations for nursing education and practice are considered.

Recommended reading:

Green, L. and Kreuter, M. (1999) *Health Promotion Planning. An Educational and Ecological Approach* 3rd ed. California: Mayfield Publishing

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Developing evidence-based practice: PSA testing

Hazel Templeton, Urology Department, Altnagelvin Area Hospital, Londonderry, United Kingdom. Co authors: Hazel Templeton & Colin Mulholland

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Abstract:

The Prostate Specific Antigen (PSA) blood test may be used to aid in the diagnosis of prostate cancer. Much controversy currently exists regarding the use of this test in routinely screening for prostate cancer. This practice is not advocated in the UK. If the PSA test is considered, men must be empowered to make an informed choice. Little is known about this process in primary health care. In this study, a nurse-led practice development initiative was undertaken in an attempt to make this practice evidence-based. Practice development requires a systematic, strategic approach to successfully bring about change (McCormack et al, 1999). Such an approach was utilised in this study. A survey was undertaken with GPs (n=135), practice and treatment room nurses (n=60) in one health board in Northern Ireland to assess knowledge and attitude to PSA testing and what patient information is currently provided. Results were analysed using SPSS. Key themes were also identified. Results indicated that

there were knowledge deficits and much variability in the information provided. Each primary health care professional attended an educational session provided by a Prostate Cancer Specialist Nurse. Part of the education involved the provision of a standardised patient information leaflet about the PSA test. A second questionnaire was completed two months later to assess whether this education had an impact on knowledge, attitudes and practice. Results of this part of the study are currently being analysed. It is anticipated that this study will be an initial step in developing practice regarding PSA testing that is not only evidence-based, but has been nurse-led. It is hoped that this study will, not only have a direct influence on the knowledge and practice of primary health care professionals, but patients will also be more empowered to make an informed choice about the PSA test. As part of this initiative, a nurse-led Prostate Cancer Information and Counselling Centre is also being established.

Recommended reading:

McCormack, B., Manley, K., Kitson, A., Titchen, A., Harvey G. (1999) Towards practice development - a vision in reality or a reality without vision. *Journal of Nursing Management* 7 (5) 255-64.

Gerard, MJ & Frank-Stromborg, M. (1998) Screening for prostate cancer in asymptomatic men: clinical legal and ethical implications. *Oncology Nursing Forum* 25(9)1561-9

Gattellari, M. & Ward J. E. (2003) Does evidence-based information about screening for prostate cancer enhance consumer decision making? *Journal of Medical Screening* 10 (1) 27-39

50

The effects of foot and facial massage on sleep induction and the physiological parameters of pulse, respiration and blood pressure: A small pre-clinical pilot study

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Abstract:

Study objectives: To compare the effects of a 20-minute facial massage with that of a 20-minute foot massage using peach kernel base oil on sleep induction, blood pressure, pulse and respiratory rate of healthy adult volunteers and to test a methodology that could be used by a lone researcher.

Design: A randomised crossover repeated measures experimental study.

Outcome measures: Systolic and diastolic pressure and pulse rate per minute measured with a DINAMAP monitoring device and respiration rate per minute measured using a stopwatch. Subjective 'state' levels of sleepiness as measured by the Stanford Sleepiness Scale (SSS), the Modified Stanford Sleepiness Scale (MSSS) and the Alert-Doze Visual Analogue Scale (ADVAS), 'trait' sleepiness as measured by the Epworth Sleepiness Scale and 'objective' levels of sleepiness as measured by the Message Client Sleepiness Observation Scale (MCSOS).

Interventions: Facial massage - a 20minute massage involving the face, head and lateral aspects of the neck, using peach-kernel oil *Prunus persic* and Foot massage - a 20minute massage (ten minutes per foot) involving the foot and ankle, using the same oil. **Setting:** A clinical nursing practice skills laboratory in a London university. **Subjects:** A volunteer sample

of six adult females who were either employees or students of a London university.

Results: All outcome measures were similar apart from a greater drop in systolic blood pressure and a stronger drowsiness effect for the facial massage intervention.

Conclusions: Both conditions had a similar slightly downwards effect on the physiological parameters of interest; but facial massage produced a greater drop in systolic blood pressure; both conditions produced a significant increase in sleepiness with facial massage producing a greater level of sleepiness. A lone researcher using this methodology, would be able to objectively measure the dependent variables before and after interventions, but not during.

Recommended reading:

Jodo E, Yamada Y, Hatayama T, Abe T, & Maruyama K. (1988) Effects of facial massage on the spontaneous EEG. *Tohoku Psychologia Folia*. 47(1-4): 8-15.

O'Shea JC & Murphy MB (2000) Electronic activity-monitor-derived sleeping and awake times and diurnal variation of blood pressure. *Blood Pressure Monitoring*. 5(2): 65-8.

Waters WF; Adams SG Binks P; & Varnado P. (1993) Attention, stress and negative emotion in persistent sleep-onset and sleep maintenance insomnia. *Sleep*. 16(2) : 128-136.

51

A randomised controlled trial to measure how effective an allergen avoidance regime is in reducing house dust mite (HDM) allergen and improving asthma morbidity

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Abstract:

Background: There is currently little evidence of the effectiveness of commonly recommended allergy avoidance techniques on reducing HDM allergen levels in domestic homes.

Aims: To measure the effectiveness an allergen avoidance regime is in producing sustained reductions in domestic HDM allergen. **Methods:** This study was a randomised controlled trial, where 39 moderately severe, atopic (mite sensitive) asthmatic participants, aged 10-21 years were randomly allocated to an intervention (n=19) or a control group (n=20), and were studied for 14 months.

INTERVENTION: Participants had all floors in their home vacuumed and steam cleaned, soft furnishings chemically treated, and were given anti-allergy mattress covers, and replacement synthetic duvets and pillows.

OUTCOME MEASURES: House Dust Mite Allergen levels: measured from 2 monthly dust samples (from 6 sites: 2 floor sites, soft furnishing, mattress, duvet, and pillow). **Clinical Asthma Morbidity Outcomes:** atopy, asthma morbidity, lung function and bronchial hyper-responsiveness. **Results:** After the exclusion of participants because of incomplete data, 28 subjects remained in the final analysis (intervention group =12 control group=16). Effects on Mite Allergen levels: T-tests showed significant reductions in HDM allergen levels were observed on the mattresses (p=0.0001), pillows (p=0.004) and bedding (p=0.053) of the intervention group by the end of the study period. Steam cleaning was ineffective in producing reductions in HDM allergen levels on the bedroom and living room

floors. Chemical treatment of soft furnishings was also ineffective in reducing allergen levels. **Clinical Outcomes:** No clinical parameters had improved significantly following the interventions, although there appeared to be a non-statistically significant trend towards clinical improvement.

Conclusions: Steam cleaning, as implemented in this study, was ineffective in reducing HDM allergen levels. Mattress covers were found to be an effective intervention, and this is consistent with previous intervention studies. Any improvements in asthma morbidity were statistically insignificant.

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The incidence of pain on acute medical wards: Comparison of audit and reasearch surveys

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Abstract:

There is little published literature on the incidence of pain within acute medical wards. An initial audit using a structured questionnaire interview of 181 patients was carried out on ten acute medical wards at a District General Hospital. Interviews are a valuable method of data collection capturing the experience of pain for individual patients. The result of the audit found 42% of the patients had experienced pain in the previous 24 hours. It was felt that the results of the audit justified the systematic enquiry into pain and its management on acute medical wards (Balogh 1996). To repeat the survey as part of a research project the local ethics committee were involved. The ethical issues raised were the patients right to self determination, full disclosure, privacy and freedom from harm, which has not been considered when conducting the audit (Carr 1999). There are many similarities between audit and research especially in relation to methods used and outcomes, but ethical consideration has been largely ignored in the audit process. This paper will compare and discuss the different processes and the results obtained in conducting the same survey, as an audit and then as a research project.

Recommended reading:

Balogh R (1996) Exploring the links between audit and the research process. *Nurse Researcher*. 3,3 4-16

Carr E (1999) Talking on the telephone with people who have experienced pain in hospital: clinical audit or research? *Journal of Advanced Nursing*. 29 (1) 194 -200.

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Impact of pressure ulcers on health related quality of life: An in-depth interview study

Andrea Nelson, Health Sciences (Research), University of York, York, United Kingdom. Co authors: Nicky Cullum, Jane Nixon, Su Mason & Helen Barrow

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Abstract:

Background: Pressure ulcers (pressure sores / decubitus ulcers) are caused by unrelieved pressure, shear, or friction. They occur in all healthcare settings, with UK hospital prevalence around 6-10%[1]. Clinical trials of interventions to prevent and treat ulcers should describe clinical, economic and patient oriented outcomes such as health related quality of life (HRQoL). Many people who experience pressure ulceration have

concurrent illness or chronic health problems and therefore evaluating HRQoL using generic tools (e.g. SF-36) might not be sensitive to the effect of the sore. There are no specific tools to measure HRQoL in pressure ulceration, therefore we set out to interview UK patients with pressure ulcers about the effect of ulceration and its treatment on their quality of life.

Methods: Qualitative interviews were carried out with a purposive sample of patients with a pressure ulcer. Follow-up interviews were arranged 3 months after discharge. Patients were asked about their experience of developing a pressure ulcer and their perceptions and experiences of pressure care. Data were analysed using thematic content analysis.[2]

Results: Initial interviews were carried out with 23 people with pressure ulceration (grade 2 to 5). Follow-up interviews were carried out with 7 of these participants in their own homes. The majority of the sample (16/23) were aged over 70 years (range 33 to 92 years). Many of the patients (19/23) had a concurrent chronic condition. The paper will address patient perceptions of the causes of ulcers, their descriptions of the ulcer, the impact of developing a ulcer (physical, emotional and social), descriptions of dressings and pressure relieving equipment, and patient perceptions of the prevention, treatment and management of ulcers by professionals. These insights highlight the significant impact of pressure ulcers on patients and the many ways in which ulcers affect patient independence. This work was funded by the NHS R&D HTA Programme. The opinions expressed are those of the authors and not of the funders.

Recommended reading:

O'Dea K. Prevalence of pressure damage in hospital patients in the UK. *J Wound Care* 1993;2:221-225.

Miles MB, Huberman AM. An expanded sourcebook qualitative data analysis. Thousand Oaks: Sage, 1994

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Methods for identifying surgical wound infection after diagnosis

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Abstract:

Background: Most surgical site infections are thought to occur after patients are discharged from hospital (Holtz and Wenzel, 1992), therefore accurate methods of detecting infection post-discharge are important in order to monitor surgical performance and evaluate interventions aimed at reducing surgical site infections.

Objectives: To establish (i) the features of existing post discharge surveillance systems; (ii) the current evidence for the validity, reliability and practicality of different methods of post-discharge surveillance of SSIs; (iii) what research is needed to fill knowledge gaps and (iv) possible study sites where evaluations of methods of detection of SSI post-discharge might be incorporated into current activity. **Methods:** Systematic review and national audit of current surveillance practices.

Results: Only 5 studies were identified which compared alternative methods of post-discharge surveillance for surgical wound infection. These studies were unique comparisons; there is no consensus as to the gold standard reference method of detection. The audit identified a wide range of surveillance programmes in operation in England, Scotland and Wales. Some of these involve

direct observation of patients' wounds and some primary care data capture. National SSI surveillance programmes currently do not require post-discharge surveillance.

Conclusions: More research on methods to measure surgical site infection rates after hospital discharge is needed. Preliminary work should develop an appropriate reference (gold standard) system that is sufficiently accurate. This should then serve as a comparison to alternatives such as patient self-diagnosis. It is likely that some of the centres currently undertaking PDS SSI could host new research.

Recommended reading:

Holtz, T. H. and R. P. Wenzel (1992). Post discharge surveillance from nosocomial wound infection: a brief review. *American Journal of Infection Control* 20: 206-213.

55

Hands up! An observational audit of hand hygiene compliance in an acute N. Ireland trust

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Abstract:

Introduction: Good hand hygiene is the most important way to prevent Hospital Acquired Infection, yet this simple precaution is often neglected by healthcare professionals (Pittet, 2000). Alcohol hand gel has recently been introduced in many clinical areas, to facilitate rapid and effective hand decontamination.

The aim of this study was to evaluate the level of alcohol hand gel usage following the introduction of alcohol gels to all clinical areas and to assess the hand hygiene compliance rate of healthcare workers.

Method: A qualitative study, using non-participant observation was selected as the most appropriate methodology for this study (Parahoo 1997). An observation schedule was devised based on the I.C.N.A publication 'Guidelines for Hand hygiene' (ICNA, 2002). A single observation period of twenty minutes was conducted in 29 wards throughout the Trust by a nurse researcher. Data was recorded on: 1. preparedness for hand hygiene eg presence of jewellery, nail polish 2. hand hygiene technique and use of alcohol gel versus hand washing 3. compliance with hand hygiene opportunities.

Results: A total of 250 healthcare workers were observed – 134 nurses, 32 nursing auxiliaries, 56 medical staff, 10 allied health professionals, 8 phlebotomists and 10 others. The number of hand hygiene opportunities observed during the audit was 250. The overall compliance rate was 42%. Phlebotomists had the highest compliance rate (63%), nurses (54%) and medical staff (11%). Alcohol gel was used in only 18% of all episodes of hand hygiene compliance. Action Hand hygiene compliance amongst staff is poor although comparable to average rates in other studies (Voss, 1997). The audit confirmed the need for a hand hygiene campaign focused on promoting the use of alcohol gel, with particular emphasis on distinct professional groups. We will discuss how difficulties with observational audit were addressed and the merits of using such a technique.

Recommended reading:

Infection Control Nurses Association (2002) Hand decontamination guidelines. ICNA; Bathgate.

Pittet, D., Hugonnet, S., Harbeth, S., Mourouga, P., Sauvan, V. and Toureneau, S. (2000) Effectiveness of a hospital wide programme to improve compliance with hand hygiene. *Lancet*. 356; 1307-1312.

Voss, A. and Widmer, A.F. (1997) "No time for handwashing?" Handwashing verses alcoholic rub; can we afford 100% compliance? *Infection Control Hospital Epidemiology*. 18, 205-208.

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Trained nurses' knowledge and practice of oral care on three wards in acute care hospital in Abu Dhabi, UAE

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Abstract:

Background. Mouth care is an essential nursing procedure that nurses are expected to have good knowledge of. Poor knowledge may compromise the quality of patient care and result in unsafe practice. Documentation of nurses' current knowledge and practice is crucial if improvement efforts are to proceed. **Aims.** To investigate nurses' reported knowledge and practice of oral care, to identify the relationship between nurses' knowledge and practice and their demographics, and to identify nurses' perceived barriers to good practice. **Methods.** Cross-sectional descriptive survey. 58 nurses on three wards represented the target population. The questionnaire generated information about personal data, education and level of knowledge and practice of mouth care. **Results.** 46 nurses (79%) completed the questionnaire. Questionnaire analysis revealed knowledge deficits about several important aspects of oral care and inadequate practice. However, no statistically significant differences were detected among groups. Lack of materials, lack of time, and uncooperative patients were perceived barriers to good practice. **Conclusion.** It is now time for action. Paste and brush should be regularly provided. Hydrogen Peroxide 3% to be withdrawn. Nurses's knowledge to be improved. Individual results to be disseminated to each ward.

CRITICAL CARE

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A national survey of critical care nurse consultants: Critical care without walls?

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Abstract:

Background: New nursing roles have, in the past, been introduced in response to various factors, consequently there has often been confusion regarding the particular content of such roles. The nurse consultant role was first described in 1999 and has undergone little evaluation since. Critical care nurse consultant roles have developed against a background of service innovation following a review of adult critical care (DH 2000), and have resulted in a variety of job roles and titles. There is some evidence to suggest that these roles are developing differentially.

Aims: To provide a profile of the nurse consultant in critical care To identify critical care nurse consultant roles in practice To investigate the role of the critical care nurse consultant in 'outreach'

Methods: A national postal survey of all 72 critical care nurse consultants in post in England by August 2003; response rate 72% (n=52).

Results: Critical care nurse consultants were working across the four roles as described by the Department of Health (1999) with most involvement in 'practice and service development'. They had a high involvement in the development of care for critically ill patients outside the traditional boundaries of critical care. A sub-set emerged that has a significantly greater involvement in 'outreach' activity. However they have limited participation in research activity and strategic working with Primary Care Trusts, Strategic Health Authorities and the Department of Health.

Conclusions: The benefits of such immense involvement in the care of patients outside the traditional boundaries of critical care requires evaluation. The lack of research involvement is concerning and may impede the progress of the role. Nurse consultants are not as involved in the strategic planning of services with outside bodies as might be expected. There is a need for further research into the impact of these roles.

Recommended reading:

Department of Health (1999) Nurse, midwife and health visitor consultants: Establishing posts and making appointments (HSC 1999/217) London: The Stationary Office

Department of Health (2000) Comprehensive Critical Care A Review of Adult Critical Care London: The Stationary Office

Guest, D; Redfern, S; Wilson-Barnett, J; Dewe, P; Peccei, R; Rosenthal, P; Evans, A; Young, C; Montgomery, J; Oakley, P (2001) A Preliminary Evaluation of the Establishment of Nurse, Midwife and Health Visitor Consultants King's College: London

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Longer term health and well-being of individuals following coronary artery by-pass graft surgery

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Abstract:

Introduction: CABG is an effective treatment for relief of symptoms in pts with CHD (Skinner et al 1999). However, its effectiveness over the longer term and the impact that it has on individuals and their families is less clear. Moreover, although quality of life has been shown to be improved at one year following CABG (Lindsay et al 2000), presence of the main modifiable CHD risk factors were no different (Lindsay et al 2003).

Aim of the study... To examine the health and well-being of individuals over the longer term (more than five years) following coronary artery by-pass surgery. **Methods** The study was a prospective observational study using mixed methods. The target population was a cohort of patients (n=209) assessed one month before (1995/1996) and approximately 16 months after undergoing coronary artery bypass grafting (1997). Participants completed a health questionnaire and were interviewed at home or in the hospital where the original study had taken place. At the time of interview a clinical assessment to identify the presence of risk factors for coronary heart disease (blood pressure, plasma cholesterol, height and weight, waist circumference and hip measurement, diabetes and smoking) was performed.

Data Collection Instruments... A mailed questionnaire was sent to recruits prior to clinical assessment. To ensure methodological consistency, the questionnaire used in the original study was used.

Data Analysis... Quantitative analysis has been performed on clinical assessment and questionnaire data. Summary statistics (mean and standard deviation for continuous variables, median and interquartile range for non-normal data) have been calculated and paired t tests and ANOVA R used to compare changes from baseline. Ordinal methods have been used for non-normal data.

Purpose of the Presentation: The purpose of this proposed presentation is to describe recruits' current health status in terms of presence of risk factors and quality of life approximately seven years after by-pass surgery and the changes that have occurred over time.

Recommended reading:

Skinner J.S., Farrer M, Albers C.J., Neil H.A.W., Adams P.C. (1999). Patient-related outcomes five years after coronary artery bypass graft surgery. Q J Med, 93, pp. 87-96.

Lindsay G.M., Hanlon P., Smith L.N., Wheatley D.J. (2000). Assessment of changes in general health status using the short-form 36 questionnaire 1 year following coronary artery bypass grafting. European Journal of Cardio-thoracic Surgery, 18; pp. 557-564.

Lindsay GM, Hanlon WP, Smith LN, Belcher PR (2003). Experience of cardiac rehabilitation after coronary artery surgery: effects on health and risk factors. International. Journal of Cardiology, 87, pp. 67-73.

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Identifying the bereavement needs of staff in CSICU

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Abstract:

INTRODUCTION: As a result of a study that I carried out last year in CSICU reviewing the efficacy of communication in the unit between all members of the staff and relatives a need was identified to improve communication between Nursing staff and Medical staff regarding 'End on Life Issues'. The nurse at the bedside is caught in the middle acting as patient advocate and the caveat for communication between all the disciplines. The vagueness of a treatment plan for terminal patients heightens the stress that nurses experience.

METHODOLOGY: 63 questionnaires were distributed to all grades of staff in ICU, it consisted of 5 questions on bereavement issues; 52 were returned giving a response rate of 81%.

RESULTS: 69.2% felt unsupported by medical staff, 15.4% felt supported, 15.4% no comment. 78.8% felt supported by the nurse in charge, 5.8% felt unsupported, and 15.4% had no comment. 78.8% felt relatives were supported, 13.5% felt they were unsupported, and 7.5% had no comment. 78.8% wanted more education on bereavement issues, 15.4% did not and 5.8% had no comment. 53.8% wanted to know more about the practical procedures that are carried out after the death of a patient, 38.5% did not and 7.7% had no comment. 94.2% of nurses wanted to attend a workshop on bereavement issues, 3.9% did not and 1.9% had no comment.

DISCUSSIONS: Thus a need was identified to look at end of life practices and enhance communication

within the Critical Care Team. A support network for staff is essential if improvements are to be implemented. The first step has been taken of this road with the establishment of a bereavement group comprising currently of four RGNs. The aims of the group are to support educate and create a more open line of communication between all disciplines. The relationship between doctors and nurses can be fragile and conflict can arise due to miscommunication and differing agendas. «Medicine can be quantified in terms of tasks whereas nursing is dealing more with qualitative issues of care and support», (Greenall 2001). Technology creates an imperative especially in Intensive Care, «if we can do it we will do it.» Ethics tend to ask «we can do it but should we?» (Singer 1994) So the question is when do we change from curative to palliative care.

CONCLUSION: A seminar has already been arranged to offer staff education support and a forum for reviewing present practices within the unit. A folder has been compiled listing the practical procedures to be carried out following the death of a patient. A multidisciplinary approach is needed to increase grief awareness and show our commitment to the holistic care of our patients. Often we talk about making a decision to let someone die when in truth there is no decision to be made, «both care givers and the public need to accept that death is an inevitable life event rather than an undesirable medical outcome» (Moskowitz and Nelson 1995).

Recommended reading:

Greenall 2001 Doctor Nurse Communication In the Neonatal Intensive Care Unit: An Anthropological Analysis. Journal of Neonatal Nursing pg 110 to 114 Vol.7 issue 4

Singer P 1994 Rethinking Life and Death: aThe Collapse Of Our traditional Ethics pg 17 to 19 Text Publishing Company

Moskowitz and Nelson 1995 cited by Seymour J E 2001 Critical Moment; Death and Dying in Intensive Care pg 1 to 28 Open University Press Philadelphia

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Examining the views of critical care nurse on research using quantitative and qualitative research methods

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Abstract:

Clinical nurses are no longer just experienced practitioners, they are now required to justify their actions with research evidence and possibly conduct research themselves to improve practice and patient well-being (Fennessey, 1997). Yet despite the revolution in critical care provision, this has not been accompanied by a similar increase in the volume of critical care nursing research (Gelling, 2003). The Department of Health "Towards a Strategy for Nursing Research and Development" (2000) document highlights that there is a need to support and train more nurses in research. In order to train more nurses within the field of research it is important to discover what nurses feel about research. Much previous published research has been quantitative. Although previous research has highlighted issues and barriers to research such as lack of support, lack of diligence and lack of resources. It is difficult to identify qualitative research data to highlight how nurses really feel in such areas. The aim of this study is to explore nurse's attitudes towards research. This research

project utilises a mixture of quantitative and qualitative research methodologies in order to ascertain the views of critical nurses on research in practice. The Critical care unit consist of three units, the 'Post Operative Care Unit, the 'Intensive Care Unit' and the 'High Dependency Unit'. There are over 120 nurses working within the three units. This study will demonstrate findings from quantitative questionnaires and qualitative focus group interviews. The information gained from the focus groups will be valuable data in identifying the research needs of critical care nursing staff. The data obtained from this study will assist in the set up of a critical care research co-ordinator post to increase capability and capacity of nursing research within the critical care directorate.

Recommended reading:

Fennessy G, (1997) Hands-on clinical research. *Nursing Standard* 12, 52-55

Gelling R, (2003) Critical Care Research. *Nursing in Critical Care* 8 (5) 185-186

Department of Health (DOH) (2000) Towards a strategy for nursing research & development.

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The forgotten parents' experiences of first time fathers who have a preterm infant admitted to a neonatal intensive care unit

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Abstract:

Personal Rationale: I am particularly interested in consumers of healthcare having a voice and contributing actively to healthcare outcomes research (DOH 1999), and meeting an agenda which claims to put patients first. According to Holditch-Davies and Miles (2000) parents have a real desire to tell and retell their stories of their infant's birth and experiences during their stay on a neonatal unit but are not asked to do so.

Literature review: Initially a retrieval of research on this specific topic yielded very little, with earlier research on fathers (1979 - 1999) both within a neonatal environment and more widely, dominated by quantitative methodology. This only served to confirm my belief that fathering research in a neonatal intensive environment, particularly using qualitative methodologies, such as phenomenology, has been a neglected topic in nursing research. This has been supported by numerous researchers including most recently Tracy (2002) who has identified a very wide gap in the knowledge generated from research relating to fathers of sick or preterm infants. Widening the research to include 'grey' literature revealed a desire by individual fathers to submit their experiences in print, which I have interpreted as a desire to share their experience more widely.

Thematic analysis: The literature review included 29 research papers, dominated by quantitative methodology and 16 non research papers and books. These were collapsed into the following 5 themes which have guided the critical discussion within the literature review and will be expanded on more fully within the poster presentation: Role transition and role identity: the forgotten parent Effects of premature birth on the father Trying to make sense: paradox of emotions Getting to know your vulnerable infant Getting to know staff and dealing with an alien environment

Main desired outcomes of the study: To provide fathers with an opportunity to tell the story of

their experiences and needs, as they perceive it. To identify common themes on experiences and needs of fathers that may inform future practice and policy making at a local and national level.

Aims of poster presentation; To present the first important stage of a research project: the literature review. To stimulate discussion on chosen methodology; phenomenology To discuss the expectations and limitations of users /carers as active partners in nursing research

Recommended reading:

DOH (1999) Making a difference: Strengthening Nursing, Midwifery and Health Visiting contributions to health and health care Department of Health London

Holditch-Davies, D and Miles, S (2000) Mothers' stories about their experiences in the neonatal intensive care unit. *Neonatal Network* 19(3)13 - 21

Tracy, N. (2000)ed Parents of premature infants. Their emotional world. Whurr London

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Information needs of myocardial infarction patients

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Abstract:

Purpose: The main objectives of this study were to information needs of MI patients and to compare these with their perceptions 6 weeks after the event and also with their nurse educators.

Method: The data were collected by a questionnaire, the Cardiac Patients Learning Needs Inventory (CPLNI) that was administered to both patients and nurses. It comprised 37 'needs' items grouped into 7 categories, each item to be scored into one of five levels of importance. There were 27 patients interviewed on the first occasion, of whom 18 responded to a postal questionnaire on the second occasion. A census of three groups of nurses was taken in the study, namely all nurses employed in one coronary care unit and in a cardiac ward at a large Dublin Hospital and all nurses employed as cardiac rehabilitation nurses/officers in Ireland at the time of commencement of the study. Sixty eight nurses responded, a response rate of 80%.

Results: The overall response score distribution of the patients differed somewhat from that of the nurses, but this difference was accounted for by mainly 3 items, all in the 'physical activity' category, namely 'when to resume driving', 'when to resume sexual activity', and 'when to resume work', which the nurses scored high and the patients low. Both patients and nurses gave the highest mean scores to four items, namely 'what to do when in chest pain', 'what are the symptoms of a heart attack', 'when to call a doctor', and 'what to do to reduce the chance of another heart attack'. The first three of these are in the 'symptom management' category.

Conclusion: These findings of this study are significant as it is the first survey of this kind that includes the views of a large sample of cardiac rehabilitation nurses. In addition, it is the first to reveal consistencies between nurse and patient views, and highlight symptom management as a priority. The findings also highlight methodological issues with the use of the CPLNI hitherto not reported in the literature.

Recommended reading:

Timmins, F and Kaliszer, M. (2003) Information needs of myocardial Infarction patients *European Journal of Cardiovascular Nursing*, 2, 57-65.

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Women's experience of coronary artery bypass surgery. An exploration of the illness trajectory using a grounded theory approach

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Abstract:

Coronary heart disease (CHD) is a leading cause of mortality and morbidity for men and women across the United Kingdom and accounts for over 54,491 female deaths each year (British Heart Foundation, 2003). Historically CHD has been seen as a disease primarily affecting men and consequently until recent years women have been largely overlooked in the media, health education and clinical research (Lockyer and Bury, 2000). A recent report highlighted that women are unaware of their risks for CHD (British Heart Foundation, 2003). The growing incidence of CHD has subsequently resulted in a rise in the number of women requiring coronary artery bypass surgery (CABG). Whilst there has been growing attention to gender issues in cardiac disease, further research is required to expand existing knowledge about the illness trajectory of women undergoing CABG and to contextualise women's experiences within the context and organisation of cardiac services. The aim of this study is to explore the illness trajectory of a theoretical sample of 30 women undergoing CABG in two centres in England and Wales. Data was collected preoperatively and at 6 weeks and 6 months postoperatively using informal observation, in-depth semi-structured interviews, theoretical memo analysis and the collection of clinical and demographic information. Data were analysing using a grounded theory approach and was facilitated through the use of computer aided qualitative analysis software. The findings indicate that women are unaware of their risks for CHD preoperatively and that surgery has significant ramifications at all stages in their illness trajectory. The paper will discuss how the participants identified and breached physical, social and emotional boundaries and how they developed mechanisms to adapt their lifestyles throughout the course of their trajectory. The paper will address implications for practice and potential areas for service development.

Recommended reading:

British Heart Foundation. 2003. Take Note of Your Heart: A review of women and heart disease in the UK 2003. London: British Heart Foundation

PATIENTS' EXPERIENCES

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Professional and lay opinions: Identifying and reconciling the differences

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Abstract:

We discuss some differences between the expressed opinions of lay people and professionals. We report on three studies in which data were obtained from both lay and professional respondents. Two

were Delphi studies, one of Autism, the other of childhood cancer. The third study was part of an attempt to assess the use made by 6,309 pregnant women of informed choice leaflets. In all studies we had opinions from both lay and professional respondents. We observed the following: There were marked differences in the vocabulary used in the statements uttered by the two groups (lay people offering suggestions in plain English, professionals using policy jargon). There were marked differences in the ease of our team, who double coded the data, agreeing the coding of the qualitative volunteered free-text utterances from the two groups (lay ones easy, professional ones hard). Once coding was agreed, lay suggestions were rated highly by both groups. That was not true of professional suggestions. For the midwifery study we shall report on the different picture emerging from two data sources about the quality of care. One was volunteered free-text comments. The other data came from observation of professional encounters. Reading the actual words used by lay people often gives a different picture of reality that obtained from observation alone. The analysis of data collected from observation and interview resulted in the conclusion that care was in many cases poor. By contrast, analysis of the free text responses on a questionnaire found that 77% of comments about staff were positive. By simultaneously gathering lay and professional opinions on relevant health care issues, discrepancies in both perspectives can be identified. We will offer suggestions about methods which we have used to identify discrepancies and, where appropriate, to generate consensus.

Recommended reading:

Mead D M & Moseley LG (2001), "Free text analysis of comments written on the informed choice leaflet questionnaires", IN: Kirkham M & Stapleton H: Informed choice in maternity care: an evaluation of evidence Based leaflets. University of York Report 20, NH

Moseley L, Mead D, Dance P & Northway R (2003), Getting it right.. A research study into the support needs of young children with Autism and their families. Report for the University of Glamorgan, Rhondda Cynon Taff, & Sure Start, ISBN 1-840540-59-1, 2003

Moseley LG, D M Mead & F M Murphy (1997), "Applying lexical and semantic analysis to the exploration of free-text data", Nurse Researcher, 4, 3, Spring 1997: 46-68

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The phenomenon of outliers: Moving from anecdote to evidence

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Abstract:

The phenomenon of "Outliers" is complex. One way the term has been defined is as "surgical beds occupied by medical patients" (Audit Commission 2003) In the UK an average of 7.5 % of acute surgical beds are occupied by medical patients (Audit Commission 2003). leading to severe capacity problems. Nationally and internationally bed occupancy figures continue to rise as total bed availability declines, which inevitably leads to increasing problems in allocating patients to appropriate beds. Initial review of the subject revealed a paucity of published evidence regarding the impact of being an outlier on patient outcomes and experience we could find no published evidence on the implications of caring for outliers for staff. The lack of evidence is

complicated by the fact that local figures for outliers are not collected in a systematic, reliable fashion. Members of an Evidence Based Council at a large UK Acute Teaching Hospital decided to develop a research portfolio to explore this issue further. The challenge was how to take this forward in the absence of any evidence. This poster presents our response to this situation. This consists of three stages of activity. Discussion with local clinical and operational stakeholders Consultation with both patients and staff A pilot study examining the impact of being an outlier on patients and staff. The earlier consultation stages identified outcomes important to staff and patients. They were also instrumental in shaping the pilot study. The value of this consultation in the absence of pre-existing evidence is summarized. The poster concludes by discussing the future direction for research related to the phenomenon of outliers and how this can be enhanced by user consultation and involvement.

Recommended reading:

The Audit Commission. (2003) Bed Management: Review of National Findings. London. HMSO

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Patients' views on quality of care in England, France, Norway, and Sweden - a theory based assessment

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Abstract:

Background: Several studies have shown that at least part of observed differences in satisfaction rates can be attributed to the diversity of the expectations of populations in different countries. However, it seems that several potential alternative explanations have not been thoroughly examined.

Aim: The aim was to address the question whether patients in different countries evaluate care similarly or differently, using a theory-based instrument, while at the same time controlling for the following potential confounders: type of care system (private vs public), type of care (kind of health problem), gender, age, and psychological well-being.

Methods: The sample consisted of patients at medical and surgical wards in England (n = 1236), France (n = 1051), Norway (n = 226), and Sweden (n = 428) and at day surgery in England (n = 887), France (n = 544), Norway (n = 101), and Sweden (n = 742). Average response rate across settings was 75 %. Patients' made evaluations of the quality of the care they actually received and of the subjective importance they ascribed to different aspects of care. The questionnaire Quality from the Patient's Perspective (QPP) was used. Statistical analyses were performed using parametric as well as non parametric tests.

Results: Cross-national comparisons were made within each of the two care contexts (wards and day surgery) separately for men and women. Quality of care evaluations were adjusted for age and subjective well-being. English and French patients scored significantly higher than Norwegian and Swedish one's on perceived reality and subjective importance, in both kinds of care contexts, and in both sexes.

Conclusion: Cross-national comparisons of patients' views on care can only give meaningful guidance for practitioners if they are context-specific and if well-known confounders are controlled for.

Recommended reading:

Wilde, B., Starrin, B. Larsson, G., & Larsson, M. (1994). Quality of care from a patient perspective: a grounded theory study. *Scand J of Caring Sciences*, 7, 113-120.

Larsson, G., Wilde Larsson, B., & Munck, I. (1998) Refinement of the questionnaire quality from the patient's perspective using structural equation modelling. *Scand J of Caring Sciences*, 12, 111-118.

Wilde Larsson, B., & Larsson, G. (2002) Development of a short form of the questionnaire Quality from the Patient's Perspective (QPP). *J of Clinical Nursing*, 11, 681-687.

67

The case of recombinant human growth hormone: Tall stories for short normals

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Abstract:

This paper takes its starting point from a case study on the use of recombinant human growth hormone for short 'normal' children which made up part of a doctoral thesis completed in the late 1990's. (1) It brings the material up to date by reflecting upon subsequent events via a literature review. The original qualitative case study comprised of a literature review followed by nineteen in-depth interviews comprised of scientists, medical growth consultants, paediatricians, a psychologist, representatives from pharmaceutical companies, spokespersons from a relevant user-support group and one television researcher. These were later transcribed and analysed for emergent themes. The data offered a detailed account of the acceptance by parents and children of one particular biotechnology product. It established how the biotechnology industry promotes itself confederally (2) via institutions where shortness is constructed as a disease in search of a cure and where the risks involved with diagnosis and treatment and the uncertainties of treatment outcomes are rendered mostly invisible. The analysis considered the cultural, political, commercial and ideological conditions in which biotechnology is embedded. This broader critical science studies approach to how recombinant human growth hormone 'works' and is rendered a 'normal' and 'natural' part of healthcare may prove interesting to nurse educationalists and nurses as an alternative to a medical model approach when understanding health care and the genetic health care industries. This may be especially relevant to nurses in future as human growth hormone was one of two first model proteins which pre-dated the Human Genome Project. As Wilkie (3) has argued, "the way in which society has dealt with a plentiful supply of a previously rare and expensive human protein is an important pointer to the potential consequences of the flood of new proteins which will be cloned and mass produced as a result of human genome sequencing.

Recommended reading:

Turner, J. (1998) Understanding the Public Understanding of Biotechnology in Late Modernity. Ph.D Thesis. Lancaster University.

Mann, M. (1986) The Sources of Social Power. Vol.1. Cambridge University Press. Cambridge.

Wilkie, T. (1994) Perilous Knowledge: The Human Genome Project and its implications. Faber and Faber. London

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Involving service users, carers and the public as equal partners: An evaluation of the learning and development resource and process for NHS staff

Sandy Herron-Marx, School of Health Sciences, The University of Birmingham, Birmingham, United Kingdom. Co authors: Mandy Williams & Linda Dunn

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Abstract:

Service user, carer and public involvement is central to all aspects of health care activity (including service reviews, planning, improvement, research and development and in all areas of clinical decision making). Through survey work and workshop activity the West Midlands Partnership for Developing Quality (2001) identified that support (in the form of training) was needed.

The purpose of the training was to build capacity among health services and their staff to facilitate effective and confident partnership working with service users, carers and the public in line with the stated visions and commitments of the department of health. A project was commissioned to develop, trial (through training) and evaluate a learning and develop resource and process for NHS staff (Herron-Marx, Stacey & Williams, 2004).

This paper reports on the findings of the evaluation of the above project.

Study design: A multi-method evaluation study

Research Questions: What impact has the learning and development resource/process had on the development of staff's knowledge, skill, confidence and practice of user involvement activity?

Sample: A total population sampling approach is used (N=21 participants)

Data Gathering: 1. Pre and post training self-reporting questionnaires (combination of 4-point likert rating scales and qualitative questions) - Knowledge of user involvement - Beliefs about user involvement - Experience and current activity in user involvement - Ability (confidence, skill, competence) for user involvement 2. Built in training activities - demonstrating debates in cultural barriers and facilitators 3. Participant post-training action plans

Data Analysis: All statistical data was analysed using SPSS V.11. - frequency and distribution of responses and mean scores for each item and Independent t-test All qualitative data - thematic analysis

Summary of findings: The findings show: 1. an increase in knowledge about user involvement (both in terms of 'theory' and the 'practicalities' of user involvement). 2. an increase in levels of confidence to, commitment to and skills for user involvement activity 3. recognition for the need to shift existing cultures and identifying new ways of working 4. clear strategies for overcoming barriers to user involvement (in terms of funding commitments, time etc) and also identification of ways to maximise existing strengths and activities

Overall the evaluation evidence demonstrates that providing a formalised learning and development opportunity for staff was effective in creating short-term gains. However this paper will also present recommendations for the need for long-term evaluation research.

Recommended reading:

Herron-Marx, S., Stacey, K. and Williams, A (2004) Involving service users, carers and the public as equal partners: a learning and development resource

for health and social care staff. Birmingham and the Black Country Strategic Health Authority and Birm

The west Midlands Partnership for Developing Quality (2001) A survey of user involvement and public participation in the NHS, WMPDQ source material.

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Patients' experiences of post operative epidural pain management

Carol Haigh, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, United Kingdom. Co author: Fiona Duncan

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Abstract:

Background: We undertook a randomised controlled trial (RCT) comparing the side effects of 0.125% and 0.0625% bupivacaine in patients who had undergone major abdominal surgery. However, we took the opportunity to obtain richer data about the experience of epidural pain management, by following study participants up with a telephone interview 4 weeks after discharge. This paper will present the results of this phase

Sample: The overall sample for the RCT phase of the trial consists of 100 patients. However, for the evaluative phase of the study we contacted 20 patients, at a time convenient to them, four weeks after they were discharged from hospital.

Method: Patients were telephoned and asked about their experiences of their in-patient pain management using a semi-structured interview approach. We focused primarily on the epidural period of their stay but also gave our respondents the opportunity to discuss any other issues they wished.

Results: We found that the most common side effects were itchiness (20%) and nausea (30%). Three patients reported quite distressing hallucinations, including seeing rats, but did not report them to the nursing staff. Although most patients at time of interview reported that they were happy with their post operative epidural and would have this pain management modality again, when asked to rate their overall pain experience on a 0-10 scale (0 being no pain, 10 being the worst pain imaginable) the average score was 7-8 - a reasonably high pain score. We identified four themes from our thematic analysis: (a) Analgesia provision (b) Communication & Caring (c) Conflict (d) Environmental issues. The comments in these themes made interesting and at time depressing reading with patients reporting having to wait for analgesia, being "in agony" (theme a) being treated "like a geriatric" (theme c) "woke up [in HDU] saw the word 'critical' everywhere and thought where on earth have I come to?" (theme d). However patients did appreciate good care "could spot the good nurses in the first 24 hours" (theme b)

Discussion: This small study suggests that patients do not share information with nursing if they are not promoted to do so. A dichotomy between remembered experience and overall classification of pain exists. Patients are very aware of the care environments and the people within it and very quickly identify inconsistencies in care and perceived threats to their own well-being.

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An analysis of first letters of complaint following the death of a patient. A phenomenological approach

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Abstract:

Approximately 60% of all deaths in England and Wales occur within an acute hospital setting. Many families write to express their gratitude; however, formal letters of complaint are also received following the death of a patient. The aim of this study was to identify and capture some of the first reactions and responses to bereavement, in an attempt to gain a deeper understanding of the meanings associated with the writing of these letters. The letters of complaint were all sent from or on behalf of the next of kin of patients who had died within a large NHS Trust within the West Midlands from January 2002 to December 2003. The total number of deaths in the trust for that period was four thousand seven hundred and sixty nine. The number of formal written complaints relating to the death of a patient during this period was fifty one. A phenomenological approach was deemed to be the most suitable approach to this study. It provided the opportunity to uncover and give meaning to human experiences as they impact upon individuals. Seven core themes emerged from the data. These were shown through significant statements drawn from the letters.

- A need to 'make sense' of the whole event.
- Loss of dreams
- Primordial cries / spiritual disease
- Relatives as guardian and protector
- Perception and Uniqueness - the person as a 'whole'.
- Selflessness.
- Acknowledging kindness in the depths of despair.

A presence of altruism and a surprising absence of anger pervaded the letters. They also appeared to be a cathartic vehicle for relatives in facilitating the expression of their loss and in receiving formal acknowledgement of this. It is hoped that this research can help to identify areas where improvements in care can be made and further research undertaken.

Recommended reading:

Lawler, J. (1998) Phenomenologies as research methodologies for nursing: From philosophy to researching practice. *Nursing Inquiry* 5:104-111

Maggs-Rapport, F. (2001) 'Best research practice': in pursuit of methodological rapport. *Journal of Advanced Nursing*; 35 (3), 373-383

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Patients' satisfaction with saliva ejector during upper gastrointestinal endoscopy

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Abstract:

INTRODUCTION Nursing process is a systematic and organized method of giving individualized Nursing Care of the best quality and efficiency

(Alfaro, 1992). In our Endoscopy Unit in HF we try to give appropriated nursing care to the patient needs, as minimizing discomfort with sialorrea during UGE. The saliva ejector is used to vacuum oral secretions mostly used in Dental Surgery and its use in Endoscopy has not been reported. The aim of this study is to describe social demographic characteristics in patients undergoing UGE in our hospital and to evaluate the satisfaction level with saliva ejector.

METHODS A transversal descriptive study was carried out about the phenomenon that is analyzed in the Digestive Endoscopy Unit in HF during May 2004. 202 patients undergoing UGE were included. All of them completed a questionnaire the day of the UGE and a telephone survey Likert type was carried out.

RESULTS Average age of patients: 44.6 (± 15) years most of them being women (56.4%). Employment status: 59.4% of the patients were active, 23.8% housewives and 8.9% pensioners. Educational level: 49.5% of the patients had primary education, 33.2% secondary education, 6.9% university degree and 10.4% did not have any studies. Average duration of procedure: 4.33 \pm 2 minutes. All of them received topical pharyngeal anaesthesia. In respect to the saliva ejector 98.5% of the patients were satisfied with the device and 1.5% were uncomfortable with it. The adverse effects declared by the patients were injuries in the oral cavity, noise, and pain and throat irritation.

DISCUSSION The patients that attend HF are young, mostly women who come from Primary Health Care with primary or secondary studies. We can conclude that using the saliva ejector gives a greater comfort to the patients causing less discomfort, minimizing secretions and aspiration risk. Its use improves assistance quality during UGE.

Recommended reading:

Alfaro, R. "Aplicación del Proceso de Enfermería", 2ª ed. Barcelona. Doyma, 1992.

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Patients' satisfaction with upper gastrointestinal endoscopy carried out in Hospital De Fuenlabrada, Madrid

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Abstract:

OBJECTIVES: To determine the grade of patient's satisfaction with the upper gastrointestinal endoscopy (UGE).

METHODOLOGY: A descriptive transversal study, was carried out with a sample of 202 patients. All of them were older than 16 years and mentally competent. The day following the UGE, a phone survey Likert type, was carried out with social demographic and satisfaction variable's being recorded such as: the perceptions about the personnel's capacity, the empathy of the treatment, the information received, the facilities of the center, the information during discharges and posterior problems. The statistical analysis was interpreted by SPSS10 program.

RESULTS: Of the 202 patients 56.4% were women. The average was 44.6 years (SD 15.1). 59.4% were active workers and 23.8% housewife. 49.5% of them had primary studies, while 10.4% did not have any studies. 65.3% were referred from primary attention, 25.3% from Gastroenterology Department and 4.5% from other specialists. In all the sections, the patient's grade of satisfaction was high in more than

90.1%, being observed with a minimal percentage of dissatisfaction.

DISCUSSION: Determining the grade of satisfaction, will not only show the technical quality of the Department, but also the attention received and the required time with the patient. In this way we also obtain a global evaluation of the visit to the sanitary center (Costa, 2000). It is necessary to know the satisfaction of the patients to determine weak points in the process and to propose improvements. The satisfaction of the patients in all the sections was very high. The fact that it is a department of recent creation with load assistance stocking, using the latest technology and the incorporation of the nurses methodology of work (Diaz, 2002), this has facilitated the setting up of a service which offers a good service to their patients, and for the results, it seems that have been achieved.

Recommended reading:

García FP, Pancorbo PL, Rodríguez MC, et al. Construcción y validación de un cuestionario para valorar la satisfacción de los usuarios de cirugía mayor ambulatoria. en *Enfermería Clínica*, 2001 Vol 11 Nº 4, p 146-154

Costa Font, J. Evaluación de la satisfacción del paciente. Departamento de Teoría Económica. Universidad de Barcelona, 2001.

Diaz, DR, et al. Application of nursing methodology in an endoscopy unit (Bronchoscopy). In: *Metas de Enfermería*, Vol 2 Nº 50 November 2002, pp 50-54

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Review management of asthma: A comparison of perceptions and expectations of key stakeholders

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Abstract:

Background: Regular practitioner review is a key component in managing long-term health problems, and is indicated in current UK asthma management guidelines (British Thoracic Society et al 2003) and primary care policy. However there is little evidence concerning key stakeholders' - patients (adults and children), parents/carers and health professionals - views and expectations of review consultations in asthma.

Methods: This paper presents data regarding asthma review from two studies: a cross-sectional survey of 230 adults with asthma from ten general practices and one specialist respiratory centre and a case-study exploration of the Practice Nurse's (PN's) role in review management of childhood asthma (14 embedded cases; practice nurses (N= 14), GPs (N= 14), children (N=18) with asthma aged 7-16 years and their parents (N=18). The adult study employed structured interviews and PN study semi-structured interviews. Both studies explored patients'/ parents' experiences of review management and all stakeholders' views on the purpose of review management and the roles of different health professionals (PNs, GPs and hospital consultants) in review.

Results: All stakeholders perceived reviews as an opportunity to assess asthma control. Professionals also highlighted opportunities for education, correction of "bad habits" and assessment of "compliance". Adult patients sought assessment of disease progression, identification of otherwise unnoticed changes, reassurance and adjustment of treatment. Children and parents found reviews

supportive, and needed the PN to assess whether the child was well or unwell. Self-management education, though strongly promoted in current UK asthma guidelines (British Thoracic Society et al 2003), was seldom mentioned by professionals, patients (adult and child) and parents.

Conclusions The findings highlight some differences in key stakeholders' expectations of asthma review. Patients' and parents' reliance on health professionals suggests lack of confidence in self-management. The findings could increase understanding of review-related attendance behaviour and facilitate harmonisation of key stakeholders' goals for review.

Recommended reading:

British Thoracic Society et al (2003) British guideline on the management of asthma. *Thorax* 58 (supplement 1): i1-194

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Living with the stereotype: Black caribbean men, sex and risk

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Abstract:

This paper proposes that the sexual decisions of black Caribbean men are influenced by the stereotype of them as sexually insatiable and irresponsible sexual partners. This stereotype is experienced as an inescapable aspect of the lives of black Caribbean men. It is argued that while the stereotype is predominantly associated with the sexual health behaviour of black Caribbean men, it forms part of the socially determined sexual scripts in society. Sexual scripts shape, influence and inform understandings of sexuality and sexual expression at an individual and group level (Ganon 1973). The stereotype, as one such script, impacts on black Caribbean men's sexual and non-sexual encounters with people in their sexual social networks (Serrant-Green 2004). Scripts therefore act as a contextualising feature in sexual interaction and negotiation in Britain today. This paper uses the experiences of black British Caribbean men and other key players in their sexual health to explore the ways in which socially determined sexual scripts are actioned in British society. Excerpts from interviews and focus groups are used to illustrate how British black Caribbean men make sense of and manage negative sexual stereotyping of them on a daily basis. In raising issues here in relation to the scripting of sexual behaviour no claims are made that they are an exhaustive or universal reflection of black Caribbean experiences. The intent is to begin to map out the arena in which heterosexual British black Caribbean men make their sexual decisions. This will allow their own versions of desires, values and choices with regard to sexual health decisions to be exposed and added to current debates on sexual health. If this paper raises additional questions or brings sexual health practitioners and researchers some insight into the daily realities of sexual stereotyping and expectations for black Caribbean men then it will have achieved its aim.

Recommended reading:

Gagnon, J. and W. Simon (1973). *Sexual conduct: The social construction of human sexuality*, Aldine.

Serrant-Green, L. (2004). *Black Caribbean men, sexual health decisions and silences*. School of Nursing, Nottingham, University of Nottingham: 386.

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The management of chronic neck pain - a retrospective survey of the patient journey in the Mansfield and Ashfield areas using in-depth semi-structured interviews

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Abstract:

BACKGROUND. Following appraisal of existing pain services in the locality, it was agreed that how chronic neck pain is managed, and how that impacts upon the efficacy of treatments is not understood. This study aimed to identify what the patient journey is, identify components of this journey that either complicate or assist in the management of chronic neck pain and generate evidence that can contribute to the development of an evidence-based pathway that starts within primary care and maximises the potential for the patient to receive the right treatment for them as rapidly as possible.

METHOD. A convenience sample of patients with chronic neck pain from pain clinic records was drawn up. From this a random sample of 12 patients was approached and recruited in to the study. Ten taped interviews were transcribed effectively.

RESULTS. It has been identified that patients who visit their GP were usually referred for either physiotherapy or to an orthopaedic surgeon. After period a of time ranging from 2-20 years patients were referred to the pain clinic. The pain clinic used a variety of techniques, the most reliable being acupuncture.

RECOMMENDATIONS. A pathway that rationalises this care, promoting acupuncture early on, and orthopaedic referral as a last resort, with a variety of pharmacological and therapy interventions in between, has been developed and is contributing toward the development of cross-organisational working between primary and secondary care.

Recommended reading:

Kjellman G et al. A critical analysis of randomised clinical trials on neck pain and treatment efficacy: A literature review. *Scandinavian Journal of Rehabilitation Medicine* 31(3): 139-52 1999

Linton SJ. A review of psychological risk factors in back and neck pain. *Spine* 25(9): 1148 - 56 2000

Hoving J et al. A critical appraisal of review articles on the effectiveness of conservative treatment for neck pain. *Spine* 26(2): 196-205 2001

CARE OF THE ELDERLY

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Cognitive and communication problems after stroke: Detection of depression

Elizabeth Lightbody, Department of Nursing, University of Central Lancashire, Preston, United Kingdom. Co authors: Hazel Dickinson, Bernard Gibbon, Kathy Jack, Michael Laethley, Chris Sutton & Caroline Watkins

Abstract:

Background: Depression following stroke is common, affects recovery and failure to address it early may prevent people achieving their full potential. Those with cognitive and communication problems post-stroke are potentially more likely to

be depressed and are more likely to be overlooked, due to difficulty in assessment, which may result in patients not being identified and referred for treatment.

Aims... To identify what is the current practice with regard to staff's (multidisciplinary team [MDT]) recognition and assessment of depression and cognitive and communication problems in hospitalised acute stroke patients. Furthermore, when problems were identified, how were they managed and treated? Additionally, how did problems, identified by the MDT compare to those identified by an independent psychologist?

Methods... For all patients admitted to a hospital with an acute stroke, basic data were collected. A psychologist, performed an independent standardised assessment of depression, cognition and communication in the second week of the patient's admission. Following discharge, the researcher, to determine documentation of depression, cognitive and communication problems, by the MDT, examined patients' case-notes. The format and focus of assessment tools used, referrals made and treatments were also recorded. Documentation of depression, cognition and communication by the MDT were compared with the assessment by the psychologist (gold standard).

Results: The study included 159 stroke patients, median age 74 years (IQR 68-79), 86 (54%) male. The process of care was unsystematic. Members of the MDT infrequently used formal assessment tools to identify problems. Many problems were undetected, and even when problems were identified, patients were seldom referred on for further assessment, and treatments. There is a lack of standardised assessment and documentation of depression, cognitive and communication problems following a stroke, which may result in patients not achieving there full potential.

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A collaborative care approach for late-life depression

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Abstract:

Depressive disorder affects about one in 10 people aged over 65, making it the most common mental health disorder of later life(1). Detection of depression is poor, and primary care providers may lack the necessary skills and confidence to diagnose late-life depression correctly (2). The evidence-base for the management of late-life depression is increasing, and physical, psychological and psychosocial interventions have all been shown to be effective, with increasing evidence for the effectiveness of a collaborative care approach(3). These have, however, yet to be effectively adopted in primary care where research continues to highlight low levels of detection and treatment. We will present the initial results of the PRIDE trial [PRimary care Intervention for Depression in the Elderly]. This is a feasibility study, funded by the Department of Health, of a complex intervention compared to treatment as usual for the management of late-life depression in Central Manchester Primary Care Trust. The intervention, delivered by a Community Mental Health Nurse, comprises a simple psycho-social intervention, medicines management and close liaison between primary care teams and secondary care community mental health teams. Practice and District Nurses

and General Practitioners can refer patients into the trial. The psycho-social intervention is based on SHADE [Self-Help for Anxiety and Depression in primary care], a self-help manual that has been used in the management of depression in adults. For the PRIDE trial, SHADE has been modified to make the intervention more appropriate for use with patients aged over 60years. We will present components of the modified SHADE, and initial results outlining which components of SHADE have been utilised by the Trial Nurse within the trial. We will also present initial qualitative data reporting the acceptability of SHADE presenting the views and attitudes of trial patients to this intervention.

Recommended reading:

Beekman AT, Copeland JR, Prince MJ. Review of community prevalence of depression in late life. *British Journal of Psychiatry* 1999; 174:307-11

Unutzer J, Diagnosis and treatment of older adults with depression in primary care. *Biol Psychiatry* 2002; 258-92.

Unutzer J, Katon W, Callahan CM, Williams JW, Harpole L, Hunkeler EM et al Collaborative care management of late-life depression in the primary care setting: a randomised controlled trial. *JAMA* 2002; 288: 2836-2845.

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Randomised controlled trial of homocystein-lowering vitamin treatment in elderly patients with vascular disease

Graham MacIntosh, School of Nursing, University of Glasgow, Glasgow, United Kingdom.

Co authors: David Stott, Gordon Lowe, Ann Rumley, Gordon McMahon, Peter Langhorne, Campbell Tait, Dennis O'Reilly, Ed Spilg & Jonathan Mac Donald

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Abstract:

Background: Homocysteine(HCY)is an independent risk factor for vascular disease and dementia in older people. Potential mechanisms for these associations include altered endothelial and haemostatic function. We aimed to determine the effects of different vitamin supplements (folic acid plus vitaminB12,B2 and B6)in elderly patients with vascular disease.

Methods: This was a factorial2 by 2 by 2 by 2 randomised placebo-controlled double-blind study. The three active components of treatment were folic acid (2.5mg)plus vitamin B12(500ug),vitamin B6 (25mg),and B2(25MG).We studied 185 patients on or over 65 years of age with known vascular disease. Outcome measures included plasma HCY,fibrinogen and von Willebrand factor at 3 months, and cognitive change (letter digit coding test(LDCT))and Telephone Interview of Cognitive Status(TICSm) over 1 year of treatment.

Findings: Mean baseline plasma HCY was 16.5(SD6.4)UMOL.L.This was reduced by 5.3(95% CI3.8,6.9) by folic acid plus B12 compared to those who received no folic acid/B12.Vitamin B6 and B2 had no significant effects on HCY levels, and there were no significant interactions between the different active components of treatment. HCY lowering folic acid plus B12 had no significant effect on fibrinogen or von Willebrand factor. Folic acid plus B12 also had no significant effects on change in cognitive performance over 1 uyear, as measured by LDCT(mean change folic acid plus B12 versus comparison group-0.8,95%CI-1.8,0.2)or TICSm (-1.0,95% CI-2.3,0.4)

Interpretation: Oral folic acid plus B12 gave large reductions in plasma homocysteine in elderly patients with vascular disease. However these large reductions were not accompanied by any demonstrable effects on fibrinogen or endothelial function. HCY- lowering with folic acid plus B12 had no significant effects on cognitive function over a 1 year period. Short-medium term administration of these vitamins is unlikely to give important clinical benefits on cognitive function in older people with vascular disease

Recommended reading:

Boushey,CJ,Beresford SAA,Omenn GS,Motulsky AG.A quantatative assessment of plasma homocysteine asa risk factor for vascual disease:Possible benefits of increasing folic acid intakes. Journal of the American Medical Association 1995;274:1049-57

Clarke R,Smith D,JobstKA,Refsum H,Sutton L,Ueland PM.Folate, vitamin B12 and serum total homocysteine levels in confirmed Alzheimer disease. Arch Neurol 1998;55(1449):1455

Hassan A,Hunt BJ,O'Sullivan M,Bell R,D' Souza R,Jeffrey S,et al. Homocysteine is a risk factor for cerebral small vessel disease, acting via endothelial dysfunction. Brain. 2004;127(pt:1):1-9

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Older people's experience of hospitalization - using older people's stories to inform practice development

Miriam Ming Yi Hsu, School of Nursing, University of Ulster, Belfast, United Kingdom.

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Abstract:

Purpose of the study This study involves the use of a narrative research methodology to collect older peoples' stories about their experience of hospital care. The intention is to use the study to:

- Contribute to our evaluation of ongoing practice development work
- Provide evidence on which to base future practice development
- Develop and evaluate a 'toolkit' to facilitate the use of narrative approaches by health care professionals.

The study therefore concerns the examination of how useful narrative research approaches are to providing an environment in which older people can be involved in developing services through relating their experience of using them. Population and methods used The older people in this project are aged 65 and upwards, and have been a patient in the rehabilitation centre for a minimum of 10 days, and cognitively and physically able to communicate and give consent to take part in the study. The initial interview stage will involved around 30 patients. Patients chose whether to be interviewed towards the end of their stay or to return to the unit after going home. Unstructured interviewing was used for data collection. Narratives were analysed to look at both the individual and shared experiences of older people in the unit. Data are being used as part of ongoing practice development activity. I will outline the findings from the narrative interviews and will present the methods and rationale for approaches taken to feeding back information for its use in practice development activity

Recommended reading:

McCance T V et al. (2001) Exploring caring using narrative methodology: an analysis of the approach. Journal of Advanced Nursing, 33 (3), 350-356

Department of Health [England] (2001) The national service framework for older people. London, Department of Health

Hoey, M. (1983) On the surface of discourse. Discourse monographs No. 6. Birmingham, England: University of Birmingham

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An evaluation of the specialist leadership programme for the older person in the West Midlands

Julie Werrett, School of Health Sciences, University of Birmingham, Birmingham, United Kingdom. Co authors: Maggie Griffiths, Collette Clifford & Kim Jelphs

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Abstract:

This paper presents an evaluation of the Specialist Leadership programme for the Older Person in the West Midlands. The Specialist Leadership programme was a twelve month course that was developed in response to Shifting the balance of power: securing delivery (Department of Health, 2001) and the National Service Framework (NSF) standards for the older person. The programme aimed to promote leadership development to enable team leaders to improve patient care and practice through enhanced teamwork. Focus was on a holistic approach to care with emphasis on the involvement of, and joint working with, allied health professionals and social care colleagues. The overall aim of the project was to evaluate the impact of the programme on the participants and their teams and to examine changes in patterns of work behaviours. The study followed the progress of two cohorts of health and social care professionals. Cohort one (n = 22) was recruited from trusts and social services departments in South Staffordshire. Cohort two (n = 25) was selected from Trusts across the West Midlands region. Methodological triangulation incorporating both a quantitative and qualitative study design was employed. This drew on a combination of focus groups, telephone interviews and structured questionnaires. Data were collected at specific points of the programme: pre-test, 3-months, 9-months and 12-months. Results indicate there was consistency in the findings between the two cohorts. Participants benefited from their experiences and the course enhanced their effectiveness as leaders. The greatest impact was in the empowerment and development of their teams with particular reference to problem-solving and communication between team members. A successful and unique aspect of the programme was the opportunity to network which enabled participants to gain a greater understanding of the roles of other health professionals and the development of closer working links with colleagues from a range of agencies.

Recommended reading:

Department of Health (2001) Shifting the Balance of Power: Securing Delivery. London: The Stationary Office.

Werrett, J., Griffiths, M. and Clifford, C. (2002) A regional evaluation of the impact of the Leading Empowered Organisations leadership programme. NT Research, 7(6), 459-470

CHILDREN AND YOUNG PEOPLE

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An exploration of the teenage parenting experiences of young people of Bangladeshi, African Caribbean, Pakistani and Dual Ethnic Origin in England

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Abstract:

Aim: The overall am of the study was to provide an in-depth exploration of the range of teenage parenting experiences in the study populations.

Objectives: a) To identify the existence of decision making processes, beliefs and attitudes towards teenage parenthood. b) To elicit the meaning and consequences of teenage parenthood for both young men and women in the study populations c) To establish the wider community/extended family perspectives on teenage parenthood d) To elicit views on current service provision and configuration of future preventative services (health education and social care) in relation to teenage parenthood

Method: An in-depth qualitative approach was adopted to depict the lived experience of the young parents before and after becoming parents, their viewpoints by reference to their dual attachment to their ethnic community and mainstream society. Non-probability samples, purposive, quota and snowball were used with key stakeholders, young people, teenage mothers and fathers, parents of teenage parents. The data collection tools; semi-structured depth interviews, focus groups, a telephone survey and audio taped diaries. Locations: Sheffield, Bradford and London Participants: 34 young people who had experienced teenage parenthood), 10 parents of teenage parents, 46 young mothers and fathers who were currently parents, 41 key stakeholders e.g. Teenage Pregnancy Co-ordinators and representatives of ethnic minority community members Analysis: 'Framework' analysis (National Centre for Social Research)

Findings: 1.How young parents access and perceive support services.

2. Service providers perspectives.

3.How young parents perceive social exclusion.

4. The positive and negative dimensions of early parenthood.

5. Policy and service provision; the balance between prevention and support.

6. The experience of Muslim young parents.

7. The role of families in supporting young parents

8. Intergenerational differences.

9. The experience of young fathers. The presentation will focus on the findings pertinent to nursing, midwifery and health visiting practice.

Recommended reading:

Robson, K. & Berthoud, R. (2003), Early motherhood and disadvantage: a comparison between ethnic groups. ISER working paper 2003-29. Colchester: Institute for Social and Economic Research, University of Essex

Botting,B., Rosato,M., & Woods R (1998) Teenage mothers and the health of the children. Populations Trends 92:19-28

Swann,C., Bowe,K., & Kosmin,C. (2003) Evidence based briefing paper on teenage pregnancy and parenthood. London, Health Development agency. www.had.nhs.uk/evidence

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Parents unable to weight up child obesity: The early bird diabetes study

Alison Jeffery, University Medicine, Peninsula Medical School, Plymouth, United Kingdom. Co authors: Linda Voss & Terence Wilkin

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Abstract:

Background: Little is known about how accurately parents perceive the weight status of their children. Jeffery (in press) describes the first study to assess both parents' awareness and concern about weight.

Aims: To assess parents' awareness of weight in themselves and their 7 year old children, and their degree of concern about it.

Methods: Subjects: 277 healthy children (mean age 7.4 years) and their parents from the EarlyBird Study (Voss, 2003).

Measures: Written self-perception questionnaires; body mass index (BMI). Overweight and obesity defined as BMI ≥ 25 and ≥ 30 in adults, and BMI centiles ≥ 91 st and 98th in children, respectively. Results Children and parents were significantly heavier than 1990 UK norms (Cole, 1995). Among overweight parents, 40% mothers (45% fathers) judged their own weight 'about right' and 27% (61%) were unconcerned about their excess weight. Only 22% of mothers (25% fathers) recognised overweight in their child. Even when the child was obese, 33% of mothers (57% fathers) saw them as 'about right'. Parents were significantly less likely to identify overweight in sons than daughters: only 27% of overweight boys were classified as at least 'a little overweight', compared with 54% of girls ($p=0.01$). Parental BMI and gender were unrelated to ability to assess their child's weight accurately. 60% of parents of obese children expressed concern about their child's weight, but only 28% were concerned if the child was overweight (86% of parents who were unaware that their child was overweight were also unconcerned about it). Neither social class, level of parental education, nor family income, was related to BMI – actual or perceived.

Conclusions: Overweight and obesity are now common across all social classes, with overweight widely accepted as the norm. Parental acknowledgement of a child's weight problem is an essential prerequisite to participation in weight loss programmes and, ultimately, diabetes prevention.

Recommended reading:

Jeffery A, Voss L, Metcalf B et al. Overweight families – unaware and unconcerned: cross-sectional study within a cohort (EarlyBird 21). British Medical Journal (in press)

Voss LD, Kirkby J, Metcalf BS et al (2003a) Preventable Factors in Childhood that Lead to Insulin Resistance, Diabetes and the Metabolic Syndrome: The EarlyBird Diabetes Study (1). Journal of Pediatric Endocrinology and Metabolism; 16:1211-1224

Cole TJ, Freeman JV, Preece MA. Body mass index reference curves for the UK, 1990. Archives of Diseases of Childhood 1995; 73: 25-29

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Empowering children to be willing participants in healthcare research: A child centred approach

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Abstract:

Historically, children have been excluded as research participants (Rosato 2000). It is now government policy that children have a right to benefit directly from relevant research (DoH 2003). Children metabolise and respond to drugs differently to adults; they suffer from illnesses unknown in adult populations and adverse effects may not appear initially but only as the child matures (ICH 2000). Medicines and treatments must be tested in children to ensure safety and efficacy and so their clinicians can take informed decisions (Rosato 2000). In our Clinical Research Facility, a team of expert paediatric research nurses have developed an approach balancing empowerment and advocacy, acknowledging the child's unique physical, physiological, developmental and social needs. The best interest of the child is paramount, perhaps even more in research than in routine care. Paediatric Research Nurses must be strong, dependable advocates for their young patients (DoH 2003). Maintaining a child centred ethos empowers the child to be a proactive participant in research rather than the usual passive role adopted as a patient in hospital. Children are able to exercise their autonomy and happily participate in complex research protocols when staff are not overcautious in assessing their capabilities and with support of an experienced Paediatric Research Nurse. In this way Children's nurses are the front line guardians of good research practice. Steps to empowerment and advocacy: Provide child friendly, developmentally appropriate information to facilitate informed consent. Develop a rapport with the child. Ensure an emotionally neutral atmosphere. Grade tasks with a confident and positive approach, as there is no second chance to gain their confidence. Empower them to continue participating. Do not reinforce the child's anxieties. Constant observation ensures the child remains a willing participant. The Paediatric Research Nurse must be able to interpret verbal and nonverbal withdrawal of consent.

Recommended reading:

Department of Health 2003 Getting the right start: National Service Framework for Children - Standard for Hospital Services. Crown Copyright, London

International Conference on Harmonisation 2000 Topic E 11 Clinical Investigation of Medicinal Products in the Paediatric Population. EMEA, London

Rosato J 2000 The Ethics of Clinical Trials: A Child's View. The Journal of Law, Medicine & Ethics 28:4 362-378

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A follow-up study of the development of family health nursing practice

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Abstract:

In 1998 the World Health Organisation (Europe) introduced the new Family Health Nurse (FHN)

concept (WHO 1998). The envisaged role of this community based nurse was multifaceted and included helping individuals, families and communities to cope with illness and improve their health. Scotland has been the first country in Europe to pilot this role and, between 2001 and the end of 2002, a research study evaluated the operation and impact of family health nursing in remote and rural areas of Scotland (Macduff and West 2003). The research found that the FHN role was usually developed in a limited way on top of a district nursing caseload, and this involved the supplementation, rather than the supplanting, of pre-existing community nursing activities. A typology of family health nursing emerged which identified four distinct patterns of practice. This paper will report new findings from a follow-up study of family health nursing being conducted during 2004 in the same Scottish regions. The study uses questionnaire survey and telephone interviews to obtain family health nurses' and their professional colleagues' perspectives on the development of practice. The target samples for the study are 28 (all practicing FHNs) and 168 respectively. Initial findings suggest a general picture of consolidation and gradual development of the role, with two Slow Build patterns of practice predominant. The FHNs typically report that public health/health promotion activities account for 20-25% of their work, although this figure is much increased for the small number who have come from a pre-existing job as a Health Visitor. In addition to summarising the full findings of the study, the paper will discuss implications in the context of national and international primary care nursing development. This is important as, at present, the Scottish research represents the only sustained study of the enactment of this new role.

Recommended reading:

World Health Organisation (1998) HEALTH 21: the health for all policy framework for the WHO European region Copenhagen: WHO Regional Office for Europe

Macduff, C and West, BMJ (2003) Evaluating family health nursing through education and practice Edinburgh: Scottish Executive Social Research

Kesby, S (2000) The return of the crossroads of opportunity: the conceptual evolution of the family health nurse Policy, politics and nursing practice 1 (2) 116-123

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Decision-making in community children's nursing practice: Findings and implications for clinical practice

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Abstract:

Innovations and technological advances in medical practice have enabled some children to survive once fatal diseases, and to live with complex (often technology-dependent) care needs. Community Children's Nursing teams have to support these children and their families, but many have been established with little evidence or investigation into their effectiveness (Department of Health 1997), and a variety of models of care delivery exist. Some studies have reported the impact of such home-care on primary caregivers and family members (Kirk 2001). However, existing research has yet to explore the working practices and decision-making processes of Community Children's Nursing teams. The small qualitative study that will be presented explored how, in one team, Community Children's

Nurses managed their caseloads and investigated the sources of influence on their decision-making processes (Carroll and Johnson 1990), in endeavouring to meet the complex and diverse needs of this small but increasing population of children. The aim of this study was to investigate what influences the decisions of a Community Children's Nurse in caseload management. Semi-structured interview data were collected from six Community Children's Nurse participants. A reflective diary and field notes complemented these interviews and informed the analysis. Data were content-analysed and categorised using framework-analysis and incorporating a priori concepts. Categories were checked for trustworthiness with a co-collaborator and validated by participants. The findings presented will suggest that a theoretical model underpins the variations in caseload management practice. Overall, the decisions taken during daily practice to manage a caseload are multi-layered and complex and founded on experiential knowledge, the nature of individual ontology and biography and the organisational context. The discussion will integrate implications for clinical practice, organisations and education. It will conclude with recommendations for future areas of investigation in order to develop the knowledge base for Community Nursing practice in this under researched but expanding area of nursing.

Recommended reading:

Department of Health (1997) House of Commons Select Committee: Health Services for Children and Young People in the Community - Home and School. London: The Stationary Office

Kirk, S. (2001) Negotiating lay and professional roles in the care of children with complex health care needs, *Journal of Advanced Nursing*. Volume 34 (5), 593 - 602.

Carroll, J.S. & Johnson, E.J. (1990) *Decision Research. A Field Guide*. London: Sage Publications

86

A study of a public health nurse-delivered early intervention program for children and families

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Abstract:

The Long-Term Healthy Beginnings Program (LTHB) is an early intervention program delivered by Public Health Nurses (PHNs) in Newfoundland, Canada. The Program was introduced in 1999 to improve service provision within existing resources. PHNs utilise a standardized and systematic method designed to determine the specific needs of each post-partum family, identify those in need of follow-up, and ensure that the needs of each family are met with the appropriate level of intervention, referrals and follow-up. The purpose of this study was 1) to assess the short-term effects of the LTHB on access to, and use of, support services among LTHB participants and, 2) to identify practices and policies that may improve the attainment of the goals of the program. A matched sample from the previous intervention program served as the comparison group. Comparisons of the two groups on a number of indicators, including number and timing of referrals, services used, child health and developmental milestones, as well as rates of breastfeeding will be presented. The results of a survey of the PHNs who implement the program will also be reported. The implications of the results for improving early intervention policies and services will be discussed.

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The health visitors role in child protection: An issue of visibility?

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Abstract:

The introduction of the Children Act (1989) and the Children Order (NI) (1995) created a watershed in thinking about safeguarding children from abuse with increased emphasis on family support and prevention of abuse. Although the investigation and coordination of child protection referrals is unequivocally the responsibility of social service departments, health visitor's acceptability to families combined with their knowledge of children and families and their expertise in assessing and monitoring child health and development, means they have an important role to play in all stages of family support and child protection. Lupton et al (2001) argue that health visitors experience difficulties in managing to maintain an appropriate balance between the scope of their involvement in the important area of child protection and the rest of their "bread and butter" work in child, family and community health promotion. Previous studies have focussed on how health visitors perform within the multidisciplinary context (Birchall and Hallett 1995). Consequently there is a lack of clarification about the extent of the health visitor's role in child protection and the impact that this has on other aspects of the health visiting role. This study uses a quantitative descriptive approach to explore the health visitor's role and contribution to child protection services. The study aims, firstly, to identify the extent of health visiting intervention offered to families where there are childcare concerns. Secondly, it will provide an analysis of factors that promote and constrain this aspect of health visiting practice. In the initial phase of the study a focus group with health visitors was used to develop themes which informed the design of the questionnaire. The questionnaire is currently being administered to a purposive sample of health visitors working in one geographical area (N=100). Data will be analysed using SPSS generating descriptive and inferential statistics.

Recommended reading:

The Children Order (Northern Ireland) 1995

Lupton C., North N., and Khan P. (1999) Working together or pulling apart? The National Health Service and child protection networks. Bristol: The Policy Press.

Birchall E. and Hallett C. (1995) Working Together in Child Protection. London: HMS

MIDWIFERY & WOMEN'S HEALTH

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Infanticide in the UK: An exploration

Joan Cameron, School of Nursing and Midwifery, Dundee University, Dundee, United Kingdom. Co authors: Alexandra Charnock Greene & Julie Taylor

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Abstract:

The age of viability for a fetus born in the UK is 24 weeks (England & Wales Section 41 of Births and Deaths Registration Act 1953, amended by

the Stillbirths Act, 1992). It does not mean that it is expected that all babies born at 24 weeks' gestation will survive, nor does it mean that health professionals are obliged to offer treatment if it is not in the baby's best interests (Evans and Levene, 2001; British Association of Perinatal Medicine (BAPM), 2000). Although withholding treatment from very preterm infants is practiced by professionals, it is not widely known outside professional circles. In legal terms, infanticide is used to describe the killing of a baby by its mother, within one year of the birth. In anthropological terms, infanticide describes the practice of killing a baby either by or with the consent of the parents. It includes killing through withholding care and killing as a deliberate act to end the infant's life. The killing of female infants in non-western cultures is easily detectable by the differences in survival rates for male and female children. In western cultures the killing of babies by withholding treatment may be more difficult to detect because of the lack of evidence or the appearance of death as 'natural', with parents and professionals colluding in its presentation as such to other family members and in official documentation. This critical analysis of infanticide has been undertaken as part of a doctoral study into the selective non-treatment of babies at the limits of viability. As society considers the concept of non-treatment of individuals, the use of infanticide in maternity units in the UK requires to be addressed so that parents can make informed decisions and nurses and midwives can provide appropriate care to the baby and the family (Macfarlane, Wood & Bennett, 2003).

Recommended reading:

British Association of Perinatal Medicine (BAPM) 2000 The Threshold of Viability: A Framework for Practice. London, British Association of Perinatal Medicine

Evans DJ & Levene MI 2001 Evidence of selection bias in preterm survival studies: a systematic review. *Archives of Disease in Childhood (Fetal and Neonatal Edition)*, Vol 84, no 2, pp F79-F84.

Macfarlane PI, Wood S & Bennett J 2003 Non-viable delivery at 20-23 weeks gestation: observations and signs of life after birth. *Archives of Disease in Childhood Fetal and Neonatal Edition*, 88 pp F199-202.

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Clinical near misses in maternity care

Andrew Symon, School of Nursing and Midwifery, Dundee University, Dundee, United Kingdom. Co authors: Tricia Murphy-Black & Bernie McStea

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Abstract:

Background: Although adverse clinical incidents are documented and routinely analysed, there is little focus on 'near misses', which may reveal just as much useful information. The aviation industry, for example, logs and analyses these routinely to inform safe performance. Results from our preliminary questionnaire (based on Reason's [2000] accident causation model) suggested shared origins between near misses and poor outcomes. A series of group interviews explored in more depth the midwives' understanding and experience of clinical near misses.

Sample: 26 midwives in four units, some of whom had responded to the original questionnaire.

Methods / Instruments: Ethical approval was obtained. Four group interviews with clinical midwives aimed to identify how they understood and constructed meanings of near misses (Bailey & Tilley 2002). The interviews were transcribed

verbatim. A process of narrative inquiry was used; a sequential analysis of emergent themes was carried out.

Results: Five principal themes emerged: 'Unit culture' referred to the general working atmosphere, and included supervision and peer support. Midwives generally believed these to have improved in recent years. 'Causes': errors and near misses were commonly perceived to arise from pressure of work, and equipment misuse. Equipment sometimes predisposes towards mistakes being made. 'Helping to prevent mistakes' covered protocol use and support and intervention by colleagues, and learning from previous errors. 'The consequences of near misses' were varied, and could be as bad as those relating to adverse outcomes in terms of staff coping with stressful situations. 'Staff confiding in one another' is one of the support mechanisms used by practitioners to cope with distressing circumstances. Professional relevance Adverse events and near misses appear to share sequential patterns, reflecting contemporary systems-based analyses (DoH 2000). The systematic analysis of clinical near misses may provide a significant educational benefit, resulting in improved clinical management and better clinical outcomes.

Recommended reading:

Bailey P, Tilley S 2002 Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing* 38(6): 574-583

DoH (Department of Health) 2000 An organisation with a memory. HMSO, London

Reason J 2000 Human error: models and management. *British Medical Journal* 320: 768-70

90

Progress of labour after cervical treatment (PLACT Study)

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Abstract:

This abstract describes the results of a pilot study into this topic. The value of this study will be to inform the future care of women in this sub-group of pregnant women. All previous research had been into the eventual outcomes of labour (Cruikshank and al 1995; Wright and Richart 1995. No previous study suggested expected outcomes, to enable calculation of size of difference, power and sample size. Therefore a pilot study was undertaken. Aim - does previous treatment of the cervix for abnormal smears have an affect on the stage of labour where the cervix ripens and dilates (first stage). Outcome measure - time from start of progressive labour (4cms.) to fully dilated. Sample size - 30 cases and 60 controls. Method - data from retrospective notes of women delivering at a North-East Hospital in 2001. Controls matched for age +/- 3years, number of births previously (parity). Included were spontaneous labours, ending in vaginal delivery, with more than one dilatation measured. Analysis - Data was divided into parity, (how many previous births). The Mann Whitney U test was used. Analysis revealed no apparent difference in women having their first or third baby, but a difference in women having their second baby. $P = .03$. In the subgroup of women having their first baby after colposcopy treatment is looked at, who already have had one baby, results are statistically and clinically significant. Caution needs to be exercised, as the group is small with 6 subjects and 10 controls. Conclusion - some interesting issues to be borne in mind during the main quantitative study. A

qualitative study will also be undertaken, as the different ways in which women have their labours "managed" may be masking differences between women having their first babies and women having their second.

Recommended reading:

Cruikshank, M.E.1(995) Fertility and pregnancy outcome following large loop excision of the cervical transformation zone. *British Journal of Obstetrics and Gynaecology*.102:6 P467-70.

Wright, T.C. Richart, R.M.(1995) Loop excision of the uterine cervix. *Current Opinion in Obstetrics & Gynecology*. 7:1 P.30-34.

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The bad news clinic: The management of emotions in an early pregnancy unit

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Abstract:

The 'bad news clinic': the management of emotions in an early pregnancy unit This paper reports one aspect of the findings of a qualitative, ethnographic study looking at women's experiences of early miscarriage within a UK hospital setting. 20 months was spent as fieldwork in a gynaecological unit including seven months in an early pregnancy unit (EPU). Data was also obtained by in-depth interviews from eight women, nine nurses, three doctors and three ultrasonographers. EPU emerged as a significant setting in the women's experience of miscarriage. It was here that the scan confirmed the 'bad news' that she had miscarried. Breaking this news and coping with the woman's reaction demanded a great deal of skill from the practitioners in the unit. Drawing on concepts of emotion work and emotional labour (Hochschild 1983, Smith 1992, Savage 2004), this paper will examine the strategies used to manage emotion within this setting. It will discuss how ultrasonographers manage the situation by appearing to disengage themselves from the woman by the use of procedure, consciously controlling their facial expressions and the use of a script to break the news. It will highlight how doctors recognise the woman's feelings but feel that the emotional care should be the remit of other practitioners in particular nurses. Finally, the nurses' role in setting the 'feeling rules' (Smith 1992) in this unit will be examined. This is achieved partly by monitoring the behaviour of other practitioners; in particular doctors to ensure that women's emotional needs are met. Although miscarriage has been fairly extensively researched, there has been very little research that examines the context of care giving particularly in early pregnancy units. This paper also highlights that emotional labour as a concept is evident in other healthcare practitioners but that the nurse appeared to be vital in the setting, monitoring, maintenance and management of the emotional climate of the unit.

Recommended reading:

Hochschild A (1983) *The managed heart: Commercialisation of human feeling*. Berkeley, California. University of California press.

Savage J (2004) *Researching emotion: the need for coherence between focus, theory and methodology*. *Nursing Inquiry*. 11(1): 25-34.

Smith P (1992) *The emotional labour of nursing*. Basingstoke. Macmillan

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Health status of Chinese women in Northern Ireland

Fenglin Guo, School of Nursing, Faculty of Life & Health Science, University of Ulster, Jordanstown, United Kingdom. Co author: Marion Wright

✉ F.Guo@ulster.ac.uk

Abstract:

Background: The Chinese comprise the largest ethnic minority group in Northern Ireland (NI). There are few research findings on the health status of Chinese in NI, especially women. This research aimed to fill the gaps in existing knowledge and investigate the health status of Chinese women in NI, and to make health promotion suggestions.

Methodology: The SF-36 (HongKong version) health survey was used as the instrument of this research, complemented with open-ended questions. A convenient sample of non-pregnant Chinese women (aged 18-59 years) in NI (n=50) was collected during 2002-2003. Scores for the SF-36 health surveys were obtained using the on-line scoring system, and subsequently coded into SPSS (v11.0).

Findings: Language is a considerable barrier to accessing health services. More than a quarter of the participants understood only a little English, and the same proportion (26.6%) stated that they were suffering from health problems, for example, anaemia, bronchiectasis, back pain and depression. SF-36 results showed the physical health status of the participants was similar to the average for the UK population, however, scores for mental health status were below the UK average. This research suggested that psychological and mental well-being need to be improved for Chinese women living in NI. In addition, in view of findings from this study that there is only limited access to relevant and useful health information for these women, more social support should be provided to improve their overall health status.

Recommended reading:

Northern Ireland Statistics and Research Agency (2003) *Northern Ireland census 2001: standard tables*. Norwich: The Stationery Office.

Northern Health and Social Services Board, and Multi-cultural Resource Centre (NHSSB and MCRC) (1995) *A literature review of ethnic minority health and social care needs*. Belfast: Northern Health and Social Services Board.

Lam, C.L.K., Gandek, B., Ren, X.S. and Chan, M.S. (1998) Tests of scaling assumptions and construct validity of the Chinese (HK) version of the SF-36 health survey. *Journal of Clinical Epidemiology*. 51(11): 1139-1147.

93

Accessing hard-to-reach Chinese women in health services research: Methodological issues in sampling for qualitative studies

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Abstract:

In the context of women's health the uptake of screening services provides an important focus for health services research. Screening for breast and cervical cancer has been shown to be effective in reducing mortality and morbidity rates and managing the outcomes of the disease. Amongst some population groups screening rates of 85% have

been achieved, however the uptake of screening for these diseases remains lower amongst Chinese women. Studies undertaken with Chinese women accessing screening services suggest a range of factors influence their attendance, however, little is known about hard-to-reach women. In an attempt to address this issue two qualitative studies were undertaken with hard-to-reach Hong Kong Chinese women to examine factors influencing the decision making processes in determining their screening practice. In the first study of screening for cervical cancer 12 focus group interviews were undertaken with women sampled from grass roots community groups. In the second study of screening for breast cancer face-to-face semi-structured interviews were used to collect data from 61 women sampled using organizational network sampling. Despite different disease groups and different sampling methods similar methodological issues in sampling were identified in both studies. The first of these issues relates to the extent to which a truly purposive sample could be selected to identify key informants thereby strengthening the rigour of the study. The second was that of the difficulty of implementing extreme case sampling to enhance the understanding of factors influencing these women's screening practice. Managing the gate keeping process was influential to both these issues. This paper examines the implications of such methodological issues to the outcome of the studies and explores strategies to address these challenges in particular accessing unscreened women amongst this population group.

Recommended reading:

Patton MQ. (2002) *Qualitative Research & Evaluation methods* (3rd edition) Sage Publications. Thousand Oaks.

Hiatt RE., Pasick RJ., Stewart S., Bloom J., Davis P. Gardiner P., Johnston M., Luce J., Schorr K., Brunner W. & Stroud F. (2001) Community-based cancer screening for underserved women: design and baseline findings from the breast and cervical cancer inte

Chevez LR., Hubbell FA., McMullen JM., Martinez RG. & Mishra SI (1995) Structure and meaning in models of breast and cervical cancer risk factor: a comparison of perceptions among Latinas, Anglo women and physicians. *Medical Anthropology Quarterly* 9 (1), 4

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A qualitative study of women's decision to attend cardiac rehabilitation and experience of the programme

Denise Duggan, Nursing, University of Ulster/ United Hospitals, Jordanstown, North, United Kingdom. Co author: Donna Fitzsimmons

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Abstract:

Background: Despite the proven benefit of cardiac rehabilitation (CR) programmes, women have low rates of attendance and high drop-out compared to men (Missik 2001). Current research has done little to advance our understanding of why this trend persists, although gender-related issues have recently received greater attention in many clinical settings. This study aims to describe female participants' experience of a CR programme and to explore how this experience may have a bearing on attendance.

Methods: A phenomenological method was employed using qualitative interviews (Parahoo 1997). A purposive sample of ten women who had

suffered a first time myocardial infarction and had attended and completed a Phase three outpatient CR programme were selected. Domiciliary interviews were taped, transcribed and analysed using (Colaizzi's 1978) approach.

Results: Five central themes were identified which described this experience. These were: (1) Need support, (2) Thought of Cardiac rehabilitation is scary, (3) Chance to tell my own story, (4) I'm not the only one and (5) Ready to get on with life. Findings will be presented using verbatim quotations to describe each theme and demonstrate the relationship between themes.

Conclusion: This study has identified key features of females' experience of CR and factors affecting their decision to attend. These will be discussed in the wider perspective of developing more gender-sensitive interventions in professional nursing. Recommendations may assist practitioners to develop CR programmes that are more responsive to the needs of women and facilitate greater awareness of gender related issues in nursing.

Recommended reading:

Parahoo K. *Nursing Research Principles: Process and Issues*, London; McMillan Press, 1997.

Colaizzi P. Psychological research as the phenomenological views it. In: Valle R, King M, eds. *Existential Psychology*. New York, Oxford; University press, 1978: 48:71.

Missik E. Women and cardiac rehabilitation: Accessibility issues and policy recommendations. *Rehabilitation Nursing* 2001; 26 (4): 141-147.

DIET

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Identification of potential eating disorders (ED) in patients with irritable bowel syndrome (IBS) attending a gastrointestinal (GI) out-patient clinic

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Abstract:

Introduction: Irritable bowel syndrome (IBS) is one of the most common GI disorders in medical practice. Recent evidence suggests that there may be a relationship between IBS and eating disorders (ED's) (Porcelli et al 1998). Gastrointestinal symptoms are very common in patients with ED's and are considered to be consequences and / or physiological adaptations to common ED behaviours (starvation, vomiting and purging).

Aim: To assess the potential of eating disorders in a cohort of IBS patients attending a specialist gastrointestinal clinic. Examine the applicability of ED screening tools in gastroenterology.

Methods: One hundred and four patients (87 females / 17 males; age range 21-59) with a Rome II criteria confirmed diagnosis of IBS completed two ED screening tools. SCOFF (Luck et al 2002) and Eating Disorder screen for Primary care (ESP Cotton et al 2003).

Results: Twenty four patients (23%) displayed evidence of disrupted eating patterns. These patients reported discontent with eating patterns, eating in secrecy and dissatisfaction with their current weight. These findings are notable as the prevalence of ED's in the normal population ranges between 2-6%. Summary The presence of eating

disorders in patients within a GI population may be greatly underestimated. ESP and SCOFF provide a valuable and simply administered tool to detect potential problems. These screening tools may facilitate the recognition of previously undetected problems.

Recommended reading:

Porcelli P, Leandro G, De Carne M (1998) Functional Gastrointestinal Disorders and Eating Disorders. Relevance of the association in clinical management. *Scandinavian Journal of Gastroenterology*. 33 (6): 577-82

Luck AJ, Morgan JF, Reid F et al. (2002) The SCOFF questionnaire and clinical interview for eating disorders in general practice: comparative study. *British Medical Journal*; 325: 755-756.

Cotton MA, Ball C & Robinson P (2003) Four simple questions can help screen for eating disorders. *Journal of General Internal Medicine*; 18: 53-56.

96

Perceptions of physical, emotional and social factors with weight change in adults seeking treatment for their obesity

Jenny Brown, CeNPRad, School of Nursing, The Robert Gordon University, Aberdeen, United Kingdom. Co authors: Peter Wimpenny, Bernice West & John Broom

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Abstract:

The increasing prevalence of obesity both worldwide (WHO, 1998) and in the UK (Health Survey for England, 2002) in addition to the lack of good evidence from current interventions (Harvey et al, 2002) suggests that further research is required to identify new approaches to weight management. A more holistic approach including the impact of physical, emotional and social factors would be particularly pertinent. This would be relevant to improving patient care and enhance nursing practice. Therefore, this study examines the relevance of a more holistic approach to weight management.

Aim: To ascertain the perceptions of those with obesity as to the influences of physical, emotional and social factors with weight change.

Methods: A convenience sample of 48 subjects (15 male and 33 female), aged 18 years with a BMI 30 and seeking treatment for obesity, completed a 6 month longitudinal study at a Scottish Specialist Centre. Data was collected by self-report questionnaire and analyzed by one-way analysis of variance (ANOVA) to identify differences between the following three groups: weight gain, 0-5% weight loss and 5% weight loss. Paired t-tests were applied to examine the extent of the difference within subjects.

Results: Weight gain was associated with lower levels of physical activity, social support, functional ability and body satisfaction. There were also increased levels of symptom severity, negative emotions as well as high and increasing levels of anxiety and depression. In weight loss the converse was true.

Conclusions: It is important to consider the patient's perception of physical, emotional and social factors in weight management. If, as the results suggest, there is a link between weight change and such perceived factors then approaches to weight management that incorporate all of these is essential and in line with holistic approaches to care.

Recommended reading:

Harvey E L, Glenny A M, Kirk S F L, Summerbell C D (2002) An updated systematic review of interventions to improve health professionals' management of obesity. *Obesity Reviews* 3(1): 45-55

Harvey E L, Glenny A M, Kirk S F L, Summerbell C D (2002) An updated systematic review of interventions to improve health professionals' management of obesity. *Obesity Reviews* 3(1): 45-55

World Health Organisation (1998) Obesity: Preventing and Managing the Global Epidemic – Report of a WHO Consultation on Obesity: 3-5 June 1997

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Obesity in people with intellectual disabilities: The impact of nurse-led health screening and health promotion activities

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Abstract:

Obesity appears to be more common among people with learning disabilities with few studies focussing on weight reduction. A special health screening clinic led by two learning disability nurses was held for all persons aged 10 years and over (N=464) and attending special services within the area of one Health and Social Services Trust in Northern Ireland. This identified 64% of adults and 26% of 10-19 year olds as overweight or obese. Moreover those aged 40-49 years who were obese had significantly higher levels of blood pressure. However, information obtained from a follow up questionnaire sent after three months suggested that of the 122 people identified for weight reduction, action had been taken for only 34% of them and only three persons were reported to have lost weight. In a second study, the nurses organised three health promotion classes over a six or weight period for 20 persons and these led to a significant reduction in their weight and BMI scores. It was concluded that health screening per se will have limited impact on reducing obesity levels in this client group. Rather health personnel such as GPs, nurses and health promotion staff need to work in partnership with service staff, carers and people with learning disabilities to create more active lifestyles.

Recommended reading:

Department of Health (2001) Valuing People: A Strategy for Learning Disability for the 21st Century, HMSO, London.

Marshall, D. Moore, G. McConkey, R. (2003) Integration and the Healthcheck 2000 Experience: Breakthrough to better health for people with learning disabilities, in association with primary care. In Brown, M. (2003) Learning Disability A Handbook for integr

Prasher, V.P. (1995) Overweight and obesity amongst Down's syndrome adults. *Journal of Intellectual Disability Research* 39, 437-441.

98

A study to test the specificity and sensitivity of the Eton scale risk assessment tool for constipation

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Abstract:

Constipation is rarely a life threatening symptom yet the distress it causes leads to reduced patient comfort and diminished quality of life (Sweeny 1997). Constipation remains an overlooked symptom in acute care settings seldom getting attention until it has become a significant problem (Ross 1998). Furthermore an estimated 10% of district nursing time is spent in bowel management (Poulton & Thomas 1999). Compounding these facts nursing literature continues to refer to constipation in terms of treatment rather than prevention. The Eton scale predicts a patient's risk of constipation encouraging nurses to adopt a proactive approach with the focus on prevention. The identified risks are given a numerical rating score (high, medium, at risk and monitor). Corresponding advice / actions are given. A multidisciplinary approach optimises care and is, therefore, inherent in the advice / actions given. A pilot study tested the tool's clinical appropriateness and ease of use. Sample size for the main study consisted of 2 groups, a patient group (100, testing a variety of patient populations) and an apparently healthy subject group (50, i.e. those considered at low risk of being constipated), consisting of nurses and university lecturers. With 100 constipated patients and an expected sensitivity of 90% the width of the corresponding 95% confidence interval will be +/-5.9%. Similarly with 50 non-constipated patients and an expected specificity of 90% the width of the corresponding 95% confidence interval will be +/-8.3%. Results are currently being collated at the time of writing this abstract. It was considered unnecessary to test inter-reader variability as risk predictors are objective. The study required participants to use the Eton scale and answer a brief questionnaire. Content validity was tested through the questionnaire. The paper will discuss the outcomes from the study and present the Eton scale in its present format.

Recommended reading:

Poulton B & Thomas S (1999) The Cost of Constipation. Royal College of Nursing. Primary Health Care. Vol.9. No.9.pp.17-22.

Ross H (1998) Constipation: cause & control in an acute hospital setting. *British Journal of Nursing*. Vol.7. No.15. pp.907-913.

Sweeny M. (1997) Constipation: diagnosis and treatment. *Home Care Provider*. Vol.2. No.5.pp.250-255.

DIABETES

99

Self-care in diabetes: Model of factors affecting self-care

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Abstract:

Diabetes is becoming a pandemic in the world, with increased need for health care. Diabetes is a life-long

challenge that needs behavioral change, most often through education and support, offered by health care practitioners (HCPs) such that the ill person will be able to perform self-care which is crucial to keep the illness under control. Self-care is important in diabetes management because the most important self-care choices affecting the health and well-being of a person with diabetes are made by the person and not by HCPs. The aim of the presentation is to explore self-care in diabetes and to present a model of factors that affect self-care according to reviewed literature. Self-care consists at least of four aspects; self-monitoring of blood glucose, variation of nutrition to daily needs, insulin dose adjustments to actual needs and exercise regularly. Self-care involves not only completing these activities but also considering the interrelationships among them and implementing appropriate changes in the daily plan when necessary. It is known that diverse factors influence self-care such as knowledge, physical skills and emotional aspects and self-efficacy which have been listed as being of high importance. The main components of the model clarify how knowledge, physical skills, emotional factors as well as self-efficacy influence self-care which again affects metabolic control. Self-efficacy is a strong predictor of flexible self-care. Flexible self-care indicates high level of self-care when patients are able to care for and manage the disease in a responsible and flexible way that does not affect their life extensively resulting in adequate metabolic control. Self-care in diabetes is complex and various factors influence it. Simplifying the factors can enhance self-care practices of the ill person and assist HCPs to be more focused in their care. Additional benefits of more active self-care are generally better metabolic control, higher quality of life and lower cost of therapy.

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A focussed ethnography: The socio-cultural meaning of insulin within the context of a diabetes clinic

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Abstract:

Introduction: Approximately 2.5% of the UK population suffer from diabetes. By the year 2010 these numbers are projected to double. Studies have demonstrated the benefits of optimal glycaemic control resulting in intensive insulin treatment being advocated for many more people. It is well documented that health beliefs influenced by culture, social background and experience of health and illness are important indicators of levels of self-management and health outcome (Kleinman 1992, Helman 1994, Lupton 1994). However, limited, simplistic understandings of these factors by healthcare professionals contribute to poor concordance with prescribed clinical management plans. This paper describes a study that explores these issues

Aims: Underpinned by anthropological theory the study aims to: 1. Gain a greater understanding of the beliefs and assumptions surrounding insulin 2. Explore the relationship between user and professional perspectives 3. Identify factors that lead to a reluctance to use insulin as advised and / or prescribed

Methods: Ethnographic enquiry facilitates identification and understanding of culturally based behaviours and values. The ethnographic field is a large diabetes clinic with a culturally heterogeneous user / professional population. Research partic-

ipants were recruited from both user and professional groups using purposive sampling. Methods included participant observation, group interviews and in-depth ethnographic interviews that were audio-taped and transcribed. Content analysis of the data sets was continuous

Discussion / Conclusion: Preliminary analysis of the data identified the following constructs: social codes; fatalism; body boundaries; stigma (religious and personal); completeness; technical constraints; professional frustrations and cultural v clinical dilemmas. These findings highlight the importance of greater cultural awareness in the context of service provision, compliment the already substantial medico-scientific literature surrounding the importance of optimal glycaemic control and achieve new understandings surrounding the socio-cultural meanings of insulin.

Recommended reading:

Kleinman A (1992) Local worlds of suffering: An interpersonal focus on ethnographies of illness experience *Qualitative Health Research* 2(2) 127-134

Helman C (1994) *Culture, health and illness* (3rd ed) Oxford: Butterworth-Heinemann

Lupton D (1994) *Medicine as Culture: Illness, Disease And The Body In Western Societies* London: Sage

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Perceptions of people with Type 2 Diabetes of a service redesign: A qualitative evaluation study

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Co authors: Joan McDowell, Grace Lindsay, Malcolm Brown, Gillian Halyburton, Tony Doherty & Tim Eltringham

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Abstract:

Organising and managing diabetes care is a priority in healthcare and is highlighted in numerous documents (Scottish Executive 2001, Isitt J 2000, NHS Executive 1997). In Greater Glasgow the healthcare provision for people with Type 2 Diabetes has been redesigned in recent years. The 'Glasgow Diabetes Project' is a multidisciplinary project designed to meet the requirements of key documents and to provide a service that is more accessible to patients and will improve clinical management and reduce levels of morbidity and mortality associated with diabetes. In view of the scale of this service redesign, an evaluation study is being carried out to investigate the impact of this new model of care in one area of Glasgow. One section of the evaluation project involves studying the perceptions of health service users. Focus group discussions were used both at the time of service change (five groups) and again one year later (three groups) from a representative sample of patients, to explore their needs and expectations of their care management, as well as their perspectives of their health, living with diabetes and healthcare provision. The second phase of discussions are currently being conducted and analysis of transcripts will be ready for presentation at the conference along with findings from the first phase which generated six major themes: Living with diabetes, Impact of organisational change, Location and process of care, Perceptions of care, Motivation to participate in care and Patient education and information. With heightened awareness of patients perspectives health care providers can be better equipped to provide a service which incorporates patients values

and results in improved patient outcomes including increased patient satisfaction.

Recommended reading:

Scottish Executive (2001) *Scottish Diabetes Framework*. Scottish Executive, Edinburgh

Isitt J (2000) *T2ARDIS throws down the gauntlet*. Diabetes Update Spring:11

NHS Executive Health Service Guidelines HSG (97) 45: Key Features of a Good Diabetes Service. October 1997

EDUCATION

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Finding the evidence for education and training to deliver integrated health and social care

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Abstract:

The introduction of service reforms through the Modernisation Agenda (DoH 1997) emphasised increased partnership working between health and social care. A range of services designed to engender collaborative working have since been delivered through Primary Care Trust's (PCT) via joint investment and workforce planning. The subsequent move toward integrated services and a 'seamless' service for patients has resulted in front line services working with newly developed practice strategies and frameworks aimed at removing organisational boundaries to promote the successful integration of services. Funding was obtained from the North West Development Agency to explore and identify the future education and training needs of primary care staff to deliver integrated services. Part of this project involved a systematic review to ascertain what is known about the current and future education and training needs of PCT workforces to achieve and deliver integrated health and social care services. Published and grey literature, educational, health and social care databases and organisational web sites were searched using Grant & Brettles iterative search strategy (Grant & Brettles 2000) coupled with a pre-determined inclusion and exclusion criteria. Six hundred and five abstracts were identified, 297 met the inclusion criteria and 28 were selected for in-depth critical appraisal utilising validated tools (CASP 2003). Six key themes emerged which included; team working, communication, role awareness, professional and personal development, practice management, leadership and partnership working. The findings illustrate how future education and training strategies can prepare individual professionals to successfully deliver and work within integrated health and social care services. This presentation will outline the systematic review methods, analysis and main findings. Key messages resulting from the review will be discussed in context with future education and training needs of health and social care practitioners.

Recommended reading:

Department of Health. (1997) *The New NHS: Modern, Dependable*, London: The Stationery Office.

Grant, M. J. & Brettles, A. (2000) *Developing a Review Question: A Spiral Approach to Literature Searching*, 3rd Symposium on Systematic Reviews: Beyond the Basics, Oxford, 3-5 July.

Public Health Resource Unit (CASP) (2003) *Critical Appraisal Skills Programme*. NHS. Oxford.

103

Finding placements for tomorrows students - which are the key variables in mapping clinical placements?

Mike O'Driscoll, European Institute of Health and Medical Sciences, University of Surrey, Surrey, United Kingdom. Co authors: Pam Smith, Carin Magnusson, John Bryant & Lesley Axelrod

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Abstract:

This paper draws on primary research which was commissioned by a local Workforce Development Confederation (WDC) in response to the NHS Plan objectives of increasing the number of healthcare students (and therefore placements) and inter-professional learning opportunities. In order to understand better the pattern of clinical placements the study aimed to map retrospectively all placements used by the four principal Higher Education Institutions (HEIs) offering health professional programmes in the WDC area in the academic year 2001/2. A steering group identified twenty relevant variables for data collection. Little consistency was found amongst placement data within or across HEIs and Trusts, and in developing the mapping, it was clear that certain variables could be considered 'key' in understanding placement patterns. The focus of this paper is the relative utility of the twenty variables to the mapping of clinical placements, the practicalities of their collection, and their potential for assessing future capacity to support student learning. The authors argue that placement data can only be understood within the social context of their construction and that lessons learnt in the mapping exercise could inform the identification of key variables for mapping placements across HEIs and geographic areas but that strategic guidance is needed to develop common standards This would facilitate progress towards NHS Plan objectives.

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Development of standards for dissertation supervision within undergraduate programmes

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Abstract:

Objective: This paper summarises the development of standards for dissertation supervision, conducted between August 2000 and September 2003. Literature related to supervision is generally given to MPhil/PhD studies rather than undergraduate education (Jones 1999); nationally, there are concerns about poor matching of supervisors to students and inadequate supervision (Goddard 1999)

Research Design: A Responsive Evaluation Model was used as the framework to evaluate and revise the supervision process (Guba & Lincoln 1989). The focal point of evaluation centered upon the claims, concerns and issues identified by undergraduate dissertation students and supervisors.

Methods: A postal questionnaire was drafted to gather preliminary data from a sample of 88 students and 50 supervisors who had been involved in the dissertation module between September 1999 and

December 2000. Participants were asked to state their level of agreement with several statements about perceived strengths and weaknesses that were associated with the dissertation process. Two focus groups from the survey population were also convened to discuss issues raised from the questionnaire findings. Findings

Findings: from the questionnaires and focus groups showed that supervisors and students held mutually similar expectations regarding the supervisory process. It was apparent that there was a deep understanding from the teachers and students about the requisite knowledge and skills for dissertation supervision and common expectations of the process of supervising dissertations. However for many teachers supervision concerns centered upon resourcing, especially time, whilst students' concerns focused upon availability of supervisors and consistency between supervisors' and markers' judgments about the academic content of their work.

Conclusions: The findings confirmed the need for a number of revisions in the supervision process locally, all of which have since been implemented. These include guidelines for the tutorial process, a formal training programme for supervisors and increased research methods support for students.

Intended learning outcomes:

- To discuss the process and pitfalls of dissertation supervision.
- To share examples of good practice in the supervision process.

Recommended reading:

Jones A (1999) Significant relationships: planning for effective research supervision. *Nurse Researcher* 6 (4) 5-18.

Goddard A (1999) Workhorses of the system *Times Educational Supplement*.

Guba E G & Lincoln Y S (1989) *Fourth Generation Evaluation* California: SAGE Publications

105

An exploration of the added value of non-nurses teaching on pre and post registration nursing programmes

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Abstract:

Introduction Nurse Education is constantly evolving; one major area of change has been the movement of nurse education from Schools of Nursing in to Higher Education Establishments. An outcome of this move is the potential for more of the curriculum to be managed, taught and supervised by lecturers without nursing qualifications. Very little has been written about the role of the non-nurse in nurse education, and what has been published tends to use a deficit model i.e. an ideological view that not having a nursing qualification is seen as a problem. No substantial work has taken place to explore the potential of these lecturers in adding value to the theory and practice of nursing. The aim of the presentation will be to present my initial findings into my PhD study on an exploration of the 'added value' of non-nurses teaching on pre and post registration nursing programmes. The study is supported by the Institute of Learning, University of Hull, and ethical approval has been granted. The presentation The presentation will include: The rationale for the study; including its justification using elements of my on-going literature review

and a personal perspective. A brief overview of the overall research methodologies; including the on-going literature review and details of my initial stage i.e. the interviews with non-nurse lecturers. The interviews are semi-structured and conducted over the phone or in person. The interview schedule was piloted and changes implemented as a result. The sampling plan is a combination of convenience and snowball sampling, with an estimated overall population of five hundred lecturers. The analysis being a combination of descriptive statistical information, and coded qualitative data. Results from the initial stage and future implications for the on-going study and practice.

Recommended reading:

Braithwaite, D. Stark, S. (1992) Who should teach nurses? The debate *Nursing Standard* Vol. 6 No. 46 pp 25-27

English National Board ENB (1987) Employment of non-nurse specialist teachers in schools of nursing Appendix 2 to circular 1987/20/BF ENB: London

Hughes, P. (1991) Who should teach nurses? *Nursing Standard* Oct 16/Vol 6/ No.4

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Employing an action research project to explore the impact of the arts and literature within nurse education

Mary Mc Menamin, Nursing, University of Ulster, Magee, Northern Ireland, United Kingdom.

Co author: Kevin Moore

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Abstract:

Background: Fundamentally death is a universal human experience, however the diversity in which each individual culture responds is frequently complex and challenging. Significantly there appears to be dearth of literature pertaining to the concept of death anxiety, how student nurses cope with death and ultimately their ability to deliver nursing care. Student nurses require extensive support during this aspect of the curriculum, as they are required to examine their own feelings, beliefs and values about life and death.

The overall aims: To promote a more enriched and deeper learning experience for student nurses and to prepare them for coping when encountering dying patients and their relatives. To evaluate the effectiveness of the teaching strategy adopted.

Design: Data was collected through two focus group interviews. The purpose of these interviews was to effectively arrange and capture a diversity of students' experience and reflections. Setting and participants: The study consisted of 10 students placed in two separate hospital trust environments in Northern Ireland. F

Findings: Three principle themes emerged from the data analysis: the importance of empathy, preservation and promotion of dignity/privacy and respect. The project successfully generated compelling and significant discussion pertaining to the role that education plays in enabling nurses to develop as competent practitioners. The students unanimously stated they wished to have a more interactive approach utilised when death and dying is being taught.

Results: The results confirm the importance of eliciting students fears and expectations around the emotive subject matter of death and dying. The emergent themes and successful integration of the humanistic approach should be an integral element within future education planning and provision. Ultimately facilitating the development

of optimum quality nursing care for dying and bereaved families.

Recommended reading:

Mc Drudy, J. Alterio, M.G. (2002) *Learning through Story telling: Learning and Research*. New York: Teachers College, Columbia University.

Polston, R.G., Farmer, E.S., (2002) Integrating the humanities in the education of health professionals: implications for search and retrieval of information. *Nurse Education in Practice*, 2, 49-54.

Kevern, J., Webb, C (2001) Focus groups as a tool for critical social research in nurse education. *Nurse Education Today*, 21, 323-333.

107

A comparative study of the sources of stress that diploma student nurses encounter

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Abstract:

Stress is considered to occur in many aspects of occupational endeavour, and can have serious consequences for the health of the individual, as well as posing problems for the organisations. The climate of continuous change that health professionals including student nurses work in has become a potential health hazard in terms of stress related diseases. Regardless of the desired outcome, the learning environment of student nurses can be a very stressful experience. Whether in the clinical or education environment, stress can adversely affect their lives incredibly. This can place huge demands on the students to readjust their lives according to their changed environment. There is, a growing body of evidence to support the view that stress in nursing is induced by a wide range of physical, social and psychological stressors that can eventually cause burnout and emotional exhaustion. Levels of distress in student nurses has been shown to exceed female community norms, with 67% of student nurses showing significant levels of distress (Jones and Johnson, 1997).

The aims of the study were to identify the sources of stress that second and third year student nurses encounter and to compare findings from both cohort of students using quantitative methodology. Neuman's (1989) health care systems model was chosen as a theoretical framework for the study. The environment and the person are identified as the basic phenomena of the Neuman's (1989) systems model, with the relationship between environment and person being reciprocal. The instrument used was the Student Nurse Stress Experience Questionnaire (50 item scale) specifically designed for the study.

The sample frame consisted of second year n = 48 and third year n=43 at one large health care institution. Questionnaires were distributed and data was collected when both cohorts were in the theoretical environment. Data was analysed using Statistical Packages for the social Sciences. Findings revealed that both cohorts of students indicated degrees of stress. From the key concepts analysed the theoretical environment was shown to have lower degrees of stress than the other two categories of clinical environment and personal / interpersonal environment, with the personal / interpersonal environment by far rating the highest category of stressor scores in the study. The highest stress score in the whole study was in relation to financial concerns and anxiety in attempting to stretch the grant allowance. Comparative analysis of

the study indicated levels of significance in relation to clinical tasks with third year students scoring higher stress levels. The personal / interpersonal environment stressors indicated levels of significance in relation to family and work commitments and lack of integration into the university with second year students rating significantly higher levels with these variables. Limitations of the study included the relatively small sample size

Recommended reading:

Jones, M.C. & Johnson, D.W. (1997) Distress, stress and coping in first year student nurses. *Journal of Advanced Nursing*, 26:475 - 482.

Neuman, B. (1989). *The Neuman Systems Model* (2nd ed.) Norwalk, CT: Appleton & Lange.

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Registered nurses' and student nurses' assessment of pain and distress in relation to specific patient and nurse characteristics

Marie Louise Hall-Lord, Division for Health and Caring Sciences, Karlstad University, Karlstad, Sweden. Co author: Bodil Wilde Larsson

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Abstract:

Background: Previous studies examining the influence of patient and nurse characteristics on assessments of pain and distress are not consistent in their results. Few studies have focused on the influence of nurses' personality factors on the assessment of pain and distress.

Aim: The aims of the study were to compare registered nurses' and student nurses' assessments of patients' pain and distress patient and to identify if the assessment relate to specific patient and nurse characteristics.

Methods: 71 registered nurses and 184 student nurses participated in the study. They assessed pain and distress in three hypothetical cases and responded to two personality factors scales.

Results: The assessments of pain and distress regarding the patients showed significant differences. The respondents were divided into two groups respectively for each patient according to whether the patient's experiences were assessed as more or less intense. The groups were compared in relation to nursing experience and personality factors. The groups of registered nurses showed significant differences on personality factors, whereas the groups of student nurses showed significant differences on nursing experience and personality factors.

Conclusions: Patients' age, type and stage of illness as well as personality factors and nursing experience seemed to influence the respondents' assessments of pain and distress. These findings can be used to help educators in nursing to develop strategies for improve skills and knowledge by student nurses in the assessment of pain and distress.

Recommended reading:

Hall-Lord M.L., Larsson G., & Steen B. 1999. Chronic pain and distress among elderly in the community: comparison of patients' experiences with enrolled nurses' assessments. *Journal of Nursing Management* 7, 45-54.

109

An investigation of the acquisition and retention of CPR knowledge and skills by Irish general nursing students following CPR training

Catherine Madden, Department of Nursing, Waterford Institute of Technology, Waterford, Ireland

Abstract:

Background: Cardiovascular disease is a critical issue for Irish health care practitioners as it is the leading cause of premature mortality in Ireland (Central Statistics Office, 2002). The ability to respond quickly and effectively to a cardiac arrest situation rests on nurses being competent in the emergency life-saving procedure of cardiopulmonary resuscitation (CPR) (Hemming et al. 2003).

Aim: The aim of this study was to investigate the extent to which Irish nursing students acquire and retain CPR cognitive knowledge and psychomotor skills following CPR training.

Methods: A quasi-experimental time series design was used. A pre-test, CPR training programme, post-test, and re-test were conducted. CPR knowledge was assessed by a multiple-choice assessment and psychomotor skills were assessed by observing CPR performance on a Resusci-Anne skill-meter manikin. A numerical scoring tool, based on assigning penalty points for aberrations in CPR performance was developed from Berden et al's (1992) CPR scoring instrument using a modified Delphi technique.

Findings: There was an acquisition in nurses' CPR knowledge and psychomotor performance following CPR training. Despite this, at no point in this study, did any nurse pass the CPR skills assessment. A deterioration in both CPR knowledge and skills was found ten weeks following CPR training. However, students' knowledge and skills remained significantly improved over their pre-training scores, which clearly indicated a positive retention in CPR cognitive knowledge and psychomotor skills.

Conclusions: The paper has commenced the first step towards an Irish research base concerning nursing students' acquisition and retention of CPR cognitive knowledge and psychomotor skills. Despite the one major unexpected finding that no student achieved the pass standard in CPR performance at any point in this study, it is clear that students acquired significant CPR knowledge and skills following CPR training. While there is little doubt that there was deterioration in students' CPR knowledge and skills ten weeks following training, there was, nevertheless, a significant retention in both their knowledge and skills. The study findings present strong evidence to support the role of CPR training and raises a number of challenges for nurse educators and CPR instructors.

Recommended reading:

Hemming T., Hudson M., Durham C. & Richuso K. (2003) Effective resuscitation by nurses: perceived barriers and needs. *Journal for Nurses in Staff Development* 19 (5), 254-259.

Berden H., Pijls N., Williams F., Hendrick J. & Crul J. (1992) A scoring system for basic cardiac life support skills in training situations. *Resuscitation* 23, 21-31.

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Supporting mentors in practice, the role of the clinical teacher

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Abstract:

The 'fitness for practice' (FFP) curriculum was implemented in Wales in 2002. The FFP curriculum consists of 50% theory and 50% practice, with an increased focus on the development and assessment of practice outcomes (UKCC 1999). The teaching and supporting students and the assessment of clinical learning outcomes are the responsibility of mentor with educational establishments being responsible for providing standardised training and support for mentors (NMC 2002). In one Welsh NHS Trust this preparation and support is provided by clinical teachers. This paper will report the findings of a focus group study which aimed to analyse and evaluate the preparation and support provided by clinical teachers on the mentors teaching and learning relationship with student nurses. This was part of a larger evaluative study of the clinical teachers' role. Four focus groups were held using a semi structured interview schedule to facilitate discussion. The sample was randomly selected from a database of mentors in one Welsh NHS Trust (n = 21). All participants were experienced mentors and had undergone a two day update for the assessment of clinical learning within the Fitness for Practice curriculum. Some difficulties were encountered in recruiting mentors for the study and these difficulties will be explored in the paper. A preliminary analysis of the data suggests that mentorship preparation was adequate, though the majority of the mentors felt unsupported in practice, with their main route for support being their colleagues. The paper will conclude by exploring the issue of 'support' and how this support can be provided by clinical teachers' and/or educationalists. -

Recommended reading:

Nursing and Midwifery Council (2002) Standards for the preparation of teachers of nursing and midwifery, NMC, London.

United Kingdom Central Council (1999) Fitness for Practice, The UKCC commission for Nursing and Midwifery education, UKCC, London.

111

Questioning the source of knowledge for nursing practice: Past and future role of chaplains and nurses writing on spiritual nursing care

Sue McBean, Nursing, University of Ulster, Coleraine, United Kingdom

Abstract:

This presentation forms part of the authors' thesis. Very few up-to-date books or chapters written by nurses to support spiritual nursing care were found in the course of research on a broader topic. The evidence basis for giving and evaluating such care is oddly limited although there has recently been a profusion of scholarly debate articles on concepts and definitions. Edited books giving an overview of nursing usually have a chapter on spiritual care often focused nearly exclusively on issues related to dying - a vital but narrow aspect of spiritual care. Such chapters are often written by chaplains. Collaboration with chaplains is to be encouraged but, as almost all the other numerous contributors are nurses, a lack of spiritual care

expertise in nurses is implied. This paper will illustrate the strengths and weaknesses of the content of chaplain and nurse authored non-journal literature on spiritual nursing care. Evidence basis for spiritual care emerging mainly from journal articles will be summarised. The paper will serve as a spring board for other researchers with a wide variety of nursing backgrounds. The research is qualitative, exploratory and descriptive; case study in design with a comparative element. The sample is convenience and nonprobability using English language books in print available in Europe ($n = 10$). Chapters on spiritual care in nursing and palliative care textbooks form the sample of literature to be treated here as data not as part of a literature review. Author credentials will be described (professional and pastoral qualifications, research background, experience) and an analysis of content presented, comparing similarities and differences in major themes across the sample. The evidence base of chapter content will be appraised.

Recommended reading:

BALDACCHINO, D., 2003., Spirituality in illness and care. Spiritual care: The views of patients, nurses, students and chaplains of Malta and Gozo. Malta: Preca Library.

ROSS, L., 1997., Nurses' perceptions of spiritual care. Aldershot: Avebury.

STANWORTH, R. 2004., Recognizing spiritual needs in people who are dying. Oxford: Oxford University Press.

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A survey of pre-registration students' attitudes to an interprofessional education programme

Joady Mitchell, Faculty of Health and Social Care, London South Bank University, London, United Kingdom. Co author: Joan Curzio

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Abstract:

The aim of the study was to explore student's attitudes to interprofessional education, and to assess if these had changed following participation in an interprofessional educational programme. The two-week programme- Instep (Interprofessional Student Training Environment Programme) was developed as part of the common learning project by North East London Strategic Health Authority in partnership with local trusts and higher education institutions. Pre-registration students from five professional groups, including nursing, have participated in the programme, which was clinically based in three different sites and focused on patient's journeys and experiences. Parsell and Bligh's 'Readiness for interprofessional education learning scale' (RIPLS) (1999) surveyed students' attitudes to interprofessional learning and was used as a pre and post test evaluation tool. Data collected also included facilitator's field notes, student feedback and course evaluations. The results indicated significance in students' age, and their previous health experience in relation to professional group. Medical students were younger than nursing and social work students. Male medical students were also less likely to have any previous experience in health care. The RIPLS questionnaire showed that students from all professional groups had positive attitudes to team working and collaboration, and professional identity. Changes in attitudes towards interprofessional education were identified in three questions where students were undecided at the beginning of the programme. Participation enabled them to make a decision, either positive or negative. These preliminary results from 155 participating

students indicate some of the potential differences between pre-registration student groups and some of the challenges facing educators and interprofessional education is extended.

Recommended reading:

Barr, H. (2002) Interprofessional Education. Today, Yesterday and Tomorrow. LTSN for Health Sciences & Practice with CAIPE.

Department of Health (2001b) Working Together – Learning Together London: HMSO

Parsell, G. & Bligh, J. (1999) The development of a questionnaire to assess the readiness of health care students for interprofessional learning (RIPLS) Medical Education 33 95 -100

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Innovative curriculum design for pre-registration nurse education: Meeting additional skill requirements

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Abstract:

Current nursing curriculum is based on a 'deficit model', resulting in nurses acquiring additional skills* for example venepuncture, cannulation, etc. after registration. However, using a constructive alignment approach to curriculum design (Biggs 2002) which at its outset poses the question "What do we want the students to be able to do as a result of learning?"- components of the curriculum are appropriately aligned enabling the development of nurses who are fit for practice and purpose (UKCC 1999). This study presents the evaluation of an optional component of a BSc (Hons) Nursing programme incorporating additional skills at Robert Gordon University Aberdeen, introduced and delivered by the researcher since 1998. The research questions addressed were: • Introducing additional skills during pre-registration nurse education in the UK - "What are the views of educators in educational institutions and clinical settings? • "If student nurses acquire additional skills during a pre-registration programme, are they better equipped and 'fit for practice and purpose?" Using a multi perspective approach, data were collected from a variety of sources - focus groups, surveys and field observations and sample population of 156 educators and 60 graduates from 2000-4 cohorts. Data were triangulated and analysed using SPSS. The curriculum was evaluated using Stake's Evaluation Model (1967). Preliminary findings identified 25 skills additional to those required for registration. A chi-square test showed a significant level of association ($p < 0.001$) between the skills identified and the need for their acquisition twelve months following registration. This study is ongoing, building on the existing research relating to the skills' component of pre-registration nursing courses, but addresses a fundamental lack of research on additional skill acquisition. It explores the added value of nurses entering the profession equipped with additional skills i.e. not just fit for practice but purpose. *Additional Skill is defined as a skill not deemed necessary for nurse registration in the United Kingdom but acquired by the newly qualified nurse usually during the first year of employment.

Recommended reading:

Biggs, J. (2002), "Aligning the curriculum to promote good learning"[online][http://www.ltsn.ac.uk/gener-iccentre\[06.05.03\]](http://www.ltsn.ac.uk/gener-iccentre[06.05.03])

Stake, R. E. (1967) "The Countenance of Educational Evaluation in Teachers", College Record, Vol 68, (7), pp 523-540

United Kingdom Central Council for Nursing, Midwifery & Health Visiting, (1999), Fitness for practice: The UKCC Commission for Nursing & Midwifery Education, UKCC, London.

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Career progression of graduates from The University of Nottingham, School of Nursing

Jennifer Park, School of Nursing, The University of Nottingham, Nottingham, United Kingdom.

Co authors: Heather Wharrad & Mary Chapple

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Abstract:

There is still some debate about whether a nursing degree is of benefit to nurses themselves, patients or the health service (Macguire and Sparks 1970, Aiken et al 2003, Sunday Times 2004). Since 1990 the School of Nursing at the University of Nottingham has been providing pre-registration courses in nursing at degree or masters and diploma level. This study reports on the career progression of six years of degree graduates and their professional development. Questionnaires employing both open and closed questions were sent to all students graduating from the Bachelor in Nursing degree courses between 1994 and 2000 after one, two and three to six years. The aim of the questionnaires was to gain feedback about preceptor experiences and information on the degree graduates' career pathways and trajectories. One hundred and thirty respondents returned questionnaires. Results indicate that by 5-6 yrs after-graduation all but three respondents had remained in nursing and the modal average for jobs held was four (Range 1-6 jobs). Generally, the main reasons given for leaving a post were moving to a better job/promotion and wanting a change/gain experience. However after the third job other reasons also featured including moving home and specialising. The positions held by respondents by years 5-6 ranged in grade from D to H. Respondents who had progressed from D to an E grade took a mean of 19 months and a slightly longer time (mean 23 months) to progress on to an F grade. For mental health branch respondents who had been promoted from D to E grade this was after 6 – 11 months. Other data covers the respondents' views on having a degree qualification, involvement in research and their career priorities.

Recommended reading:

Aiken, L.H., Clarke S.P., Cheung, R.B., Sloane, D.M., Silber, J.H. (2003), «Educational levels of hospital nurses and surgical patient mortality» JAMA, vol. 290, no. 12, pp. 1617-1623.

MacGuire, J.M. & Sparks, S.(1970), «The nurse/graduate in the United Kingdom: patterns of qualification.» International Nursing Review, vol. 17, pp. 372-350.

The Sunday Times (2004), «Too clever to care» April 25th, Response May 2nd.

The role and impact of clinical nurse specialists: Third year student nurses perceptions

Barbara Jack, Health studies, Edge Hill College/ Marie Curie Centre Liverpool, Liverpool, United Kingdom. Co authors: Charles Hendry & Annie Topping

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Abstract:

Background: A rapid expansion clinical nurse specialists (CNS) posts in the UK has occurred over the last two decades. However there is limited evidence that evaluates their role and impact. Furthermore there is considerable confusion and inconsistency surrounding titles, descriptions, qualifications and grading the posts (Castledine 2000). With the implementation of the Knowledge and Skills Framework (Department of Health 2003) it is essential the value of CNS posts is explored.

Methodology: The study aim was to explore how final year student nurses perceived the role and impact of CNS' (Jack et al 2004). A confidential descriptive survey was distributed to all final year (adult branch) student nurses in three higher education institutions in England and Scotland, providing nurse education programmes leading to NMC registration. The survey contained both open and closed questions. Data was analysed using descriptive statistics. Open ended questions were analysed for emerging themes.

Results and Discussion: A total of 296 questionnaires were distributed and a response rate of 82% (220) was obtained. The results indicated the students had encountered a wide range of CNS during their training with the fields of diabetes, palliative care and acute pain as the most frequent referrals. The added value of the CNS for patient care was reported, with the CNS having additional knowledge, skills and resources. Additionally CNS' were identified as providing education, support and as an advocate for nursing staff. The potential disadvantage of CNS' for patients was reported by 16.4% (n=36) with potential dependency highlighted. 21.8% (48) respondents identified potential disadvantages for nurses including deskilling of generalist staff, conflict between CNS and nurses and role confusion. This paper will discuss the findings and offer possible explanations for the results.

Recommended reading:

Castledine G (2000) Are specialist nurses deskilling generalist nurses? *British Journal of Nursing* 9,11: 737

Department of Health (2003) The NHS Knowledge and Skills Framework and Developmental Review Guidance – Working Draft. Department of Health London.

Jack BA, Hendry C, Topping A (2004) Third year student nurses perceptions of the role and impact of Clinical Nurse Specialists: a multi-centred descriptive study. *Clinical Effectiveness in Nursing* 8, 39-46

A survey into the education of mental health nurses

John Gass, Nursing and Midwifery, The Robert Gordon University, Aberdeen, United Kingdom. Co authors: Ann Brown, Andrew McKie, Mary Addo & Ian Smith

✉ j.gass@rgu.ac.uk

Abstract:

A major study RCN (2001) exploring the value of mental health branch programmes concluded that student nurses require better preparation at the pre-registration education level. Our study took a local perspective in seeking the views of mental health nurses about their initial preparation and perceived continuing professional education needs for the future. This was a questionnaire survey of mental health nurses working in one health region in Scotland. Ethical approval was obtained from the local ethics committee; all qualified mental health nurses working within the mental health directorate were given the opportunity to participate in the research. Participation was entirely voluntary. The research team drew upon sources documenting the scope of mental health nursing practice (NBS 2000), and used a modified version of West et al's (2001) instrument for data collection. A response rate of 40% was achieved. Responses to limited response choice questions have been entered numerically onto a pre-coded SPSS (Version 9) database; free-text questions were entered into the same database as 'string variables'. Parametric and non-parametric analyses of data will be reported upon and free text data collated for each question through a process of repeated comparison of responses. Subsequent qualitative analysis will be undertaken through a process of thematic coding from which categories will be generated.

Recommended reading:

NBS (2000) Mental Health Nursing: The work of newly qualified nurses Core Skills and Competencies. Edinburgh. National Board for Nursing, Midwifery and Health Visiting for Scotland.

Royal College of Nursing (2001) What Education and Training do mental Health Nurses Want? RCN. London.

West, B.M.J., Macduff, C.N., McBain, M. & Lyon, M.H. (2001) Occupational Health Nursing in Scotland: Scope of Practice and Future Continuing Professional Development. CeNPRaD. School of Nursing and Midwifery. The Robert Gordon University. Aberdeen.

Appraisal, competency development and identifying training needs in the cancer workforce

Emma-Jane Berridge, Health Care Education Development Unit, City University, London, United Kingdom. Co authors: Danny Kelly & Dinah Gould

Abstract:

Continuing professional education is crucial to NHS modernisation targets. The new approach required by the Department of Health (2002) focuses on skills acquisition employing a competency framework with interdisciplinary training to teach generic skills. In future commissioning must be more equitable and responsive to user needs at national and local level (DoH, 2002). Research at City University is concerned with meeting the needs of the Cancer Network in North East London. Training needs analysis identified several gaps in course provision and

areas where the commissioning process could be improved (Gould et al, 2004). Echoing other studies, the success of education and training depended on careful identification of training needs, determined through staff appraisal. This second phase of the study therefore examined the appraisal process in two contrasting Trusts (a primary care Trust and a specialist cancer service in an acute Trust), and explored nurses' and Allied Health Professionals' (AHPs) perceptions of the value of competencies in personal development planning, and the transferability of the National Cancer Nursing Competency Framework to nurses and AHPs. Focus group interviews explored these issues and evaluated a computerised competency recording system (Storey et al, 2004); interviews with senior stakeholders explored emergent themes. Approaches to conducting appraisal varied enormously between Trusts and between professions. Within groups (acute/community; nursing/AHPs), satisfaction with appraisal and perceptions of its effectiveness was also subject to variation. All groups were positive about using competencies to inform and focus personal development planning. Responses to the computer system were positive. Findings suggest that competencies are an acceptable and sometimes enthusiastically received means of informing and directing personal development planning, and enable team leaders to think about service development and focus on the future needs of the service overall. This study has demonstrated that to be acceptable, appraisal should be flexible, well-executed and inform commissioning.

Recommended reading:

Department of Health (2002) Funding Learning and Development for the Healthcare Workforce. London, Department of Health.

Gould DJ et al (2004) The impact of commissioning processes on the delivery of continuing professional education for cancer and palliative care. *Nurse Education Today* 24, 443-451

Storey L et al (2002) Competency in health care: a practical guide to competency frameworks. Abingdon, Radcliffe Medical Press.

Evaluation of an Irish national pilot program for the education of health care assistants

Hugh McKenna, School of Nursing, University of Ulster, Co. Antrim, United Kingdom. Co authors: Sinead Keeney & Felicity Hasson

✉ hp.mckenna@ulster.ac.uk

Abstract:

Background: Changing health care needs and political and economic pressures in the Republic of Ireland and elsewhere have prompted efforts to expand the scope of nursing practice and to develop the role of the generic worker to support qualified professionals. Arising from this a National training programme for health care assistants was piloted in the Republic of Ireland in 2002.

Aim: The aim of the study was to evaluate the structure, process and outcomes of the educational program; the effectiveness of HCA training in health care settings; and the impact of this training on the quality of care, patient outcomes and the health care system. This paper presents the results of the evaluation. The evaluation covered the period from the beginning of the programme in November 2001 through to completion of year one in August 2002.

Methods: This study used several approaches in relation to data collection. The research has

been carried out using five main methodological approaches including survey techniques, reflective diaries, semi-structured interviews, an audit of module descriptors and an activity analysis.

Findings: Findings relate to respondents' views on the programme. Respondents felt that the programme was too short for the amount of information covered. Findings also reflected the need for a job description for health care assistants. Other issues such as resources, information, teacher and clinical assessor training and the content of the programme are discussed. These findings will be of interest to those planning programme delivery and the wider research community.

Conclusions: Findings suggest that the development and implementation of a national training programme for health care assistant is achievable.

Recommended reading:

Department of Health and Children (2003). Evaluation of the Irish Pilot programme for the education of the health care assistants. Department of Health and Children: Dublin.

McKenna, H.P., Keeney, S. & Hasson, F. (2004). Course coordinators' perceptions of health care assistant training programme. *Journal of Nursing Management* (Accepted Feb 2004).

Barczak, N. & Spunt, D. (1999) Competency-based education: Maximize the performance of your unlicensed assistive personnel. *The Journal of Continuing Education in Nursing* 30 (6), 254-259.

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An evaluation of the rapid response service in Northern Ireland

Sinead Keeney, School of Nursing, University of Ulster, Co. Antrim, United Kingdom. Co authors: Debbie Goode & Robby Richey

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Abstract:

Background: In 2002, the Northern Ireland Ambulance Service placed four Rapid Response Vehicles across Northern Ireland. To date, many studies have addressed particular aspects of the paramedic role including decision making, intervention skills and technical ability. However, few studies have addressed the effectiveness of this role and none have assessed the effectiveness of a Rapid Response Service (Peresse et al., 2002; Pitt, 2002; Keely & Cunnell, 2002).

Aim: The aim of this study was to evaluate the effectiveness of the Rapid Response Service (NIAS) from 2003 to 2004 with one vehicle based in each Health Board area.

Objectives: Objectives included exploring the perceptions of ambulance service staff and people attended by the Rapid Response Service in an emergency situation towards the service, identifying opportunities for improving the Rapid Response Service and making recommendations for further development.

Methods: Statistics collected by NIAS relating to the Rapid Response Service were analysed using SPSS. Interviews were undertaken with professionals (n=25) and members of the public (n=10). These interviews were audiotaped with consent, transcribed and content analysed for themes. Ethical approval was obtained.

Findings: Findings illustrate the positive effect of the Rapid Response Service in terms of activation times, response times and on-scene times. Activation time has a direct impact on response time. On average, the Rapid Response Service has a shorter response time than an ambulance attending the same

incident. Findings from research interviews highlight the benefits, limitations and considerations for development in relation to the Service.

Conclusions: The Rapid Response Service is effective and should be an integral element of NIAS ambulance response. These types of innovative modes of response to patients should be further developed. An enhanced response department to support the Rapid Response Service and other associated initiatives such as first responders, community response and community paramedics should be considered.

Recommended reading:

Peresse, D.E., Key, C.B. & Baldwin, J.B. (2002) The effect of a quality improvement feedback loop on paramedic-initiated non-transport of elderly patients *PreHospital Emergency Care* 6 (1) 31-35

Pitt, K. (2002) Prehospital selection of patients by thrombolysis by paramedics *Emergency Medical Journal* 19 (3) 260-263

Kelly, A. & Currell, A. (2002) Do ambulance crews with one advanced paramedic skills officer have longer scene times than crews with two? *Emergency Medicine Journal* 19 (2) 152-154

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Evaluation of moving and handling training for pre-registration students and its application to practice

Jocelyn Cornish, Florence Nightingale School of Nursing and Midwifery, King's College London, London, United Kingdom. Co author: Anne Jones

✉ jocelyn.c.cornish@kcl.ac.uk

Abstract:

Background: The current Manual Handling Operating Regulations (HSE, 1992: 1998) place a duty on employers to provide safe systems of work for employees and on employees to follow the policies to reduce the risk of injury from lifting. These policies are applicable to student nurses who assist patients to move during the course of their work. The limited literature available suggests that students continue to be at risk of injury (Kneafsey et al, 2003) and feel restricted in the application of techniques learnt during their training, to care given in the practice setting (Swain et al, 2003).

Methods: This paper describes a preliminary study in a research programme exploring Moving and Handling training for student nurses and its application to practice to inform future education. A semi-structured questionnaire survey was used to gather data from a cohort of pre-registration nursing students at the start of their second year of training. The questionnaire sought their views on: the training provided in the university, its application in practice and descriptions of moving and handling incidents they had experienced. In-depth interviews were conducted with a sub group of students to discuss their experiences in more detail.

Findings: Analysis of data indicates that students are able to distinguish between acceptable and unacceptable practice they observe and whilst some have developed strategies to avoid being involved in practice they perceive to be poor others have felt pressurised to comply. The interview data help to explain the factors leading to participation in both situations. The study informs future developments in training and support mechanisms for students in practice.

Recommended reading:

HSE (1992) The Manual Handling Operations Regulations. Health and Safety Executive, HMSO; London.

Kneafsey R., Baker C. and Robinson J (2003) Ten years on from the 1992 'Manual Handling Operations Regulations': a perspective from higher education in the UK. *Nurse Education in Practice* 3(3): 121-2.

Swain J., Pufahl E. and Williamson GR. (2003) Do they practise what we teach? A survey of manual handling practice amongst student nurses. *Journal of Clinical Nursing* 12: 297-306

121

An evaluation of the design, usefulness and effectiveness of a computer aided learning programme

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Abstract:

Literature on professional practice highlights the current emphasis being placed on continuous development and life long learning. One technological system of providing such a resource is Computer Aided Learning (CAL). It has a number of potential advantages over more traditional methods of learning in that, it may promote independent learning ensuring quality and consistency of delivery. The study was planned to evaluate the design, usefulness and effectiveness of a CAL programme. The insertion of Peripherally Inserted Central Venous Catheters, (PICC's) their subsequent care and management. An evaluative descriptive survey design was chosen to explore the aims and meet the objectives of this study. Data was collected using self-completion pre and post CAL evaluation experience questionnaires. Baseline data included previous experience in computers, if the trust had provided participant's with computer training, their level of computer skill and attitudes towards CAL. Post evaluation questionnaires with matched questions were used to assess whether these attitudes changed as a result of the CAL learning experience. Whether the CAL package was effective in promoting learning was also assessed by pre and post knowledge item matched based questionnaires founded on the content of the CAL programme. Descriptive and inferential statistical analysis of questionnaire responses were used to describe, synthesise and draw conclusions about a convenience target population of 60 registered nurses who met the non probability sampling criteria. Data was analysed using the Statistical Package for Social Science (SPSS) v11 and thematic content analysis was undertaken to analyse the open ended questions in the post evaluation user perception questionnaire Results suggested that there was an increase in knowledge. Paired Sample t-test shows that the increase between pre and post evaluation of testing was significant statistically ($t=13.70$, $df=59$, $p<0.01$). Conclusion: The experience was positive, the design was effective, the CAL programme was easy to use, informative and promoted independence and self directed learning.

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Teaching critical appraisal via a virtual and live trust wide journal club

Senga Steel, Research and Development, The Whittington Hospital NHS Trust, London, United Kingdom. Co author: Richard Peacock

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Abstract:

Good evidence often fails to reach those who would most benefit. This maybe the result of a scarcity of research aware professionals able to distinguish

good evidence from bad. Clinical effectiveness demands critical appraisal skills yet there is little opportunity for health professionals to develop them. We describe a joint project between The Whittington Hospital and The Archway Healthcare Library that resulted in a web based journal club on the hospital intranet supported by monthly live meetings. The web pages are interactive so staff can view papers and critically appraise them online as well as attending the live meetings to take part in the discussion. A new paper is posted on the web pages every month and staff can access the full-text of the paper from the site. The front page provides information about the venue of the live meeting as well as critical appraisal tools that can be downloaded to help the reader appraise the paper. These tools are produced and published by CASP (Critical Appraisal Skills Programme). The web pages also contain documents on quantitative and qualitative research design, literature search skills, a glossary and a discussion board where readers can leave questions about a research issue or about a specific paper. The live meetings are monthly and take place in a clinical setting to ensure busy ward staff have the opportunity to attend. The journal club team consists of researchers and health information professionals who are experienced and trained in critical appraisal. Following the meeting the discussion is written up by one of the team and sent to the author of the paper who is invited to comment. Both the critical appraisal paper and the authors comments are posted in the 'archive' file in the journal club web pages. We detail our experience in setting up and running a trust wide virtual and live journal club. By combining both virtual and live elements we have increased access to critical appraisal opportunities across the organisation. Even if the live meetings are not attended, the web page provides a complete virtual critical appraisal experience.

Recommended reading:

The Critical Appraisal Skills Programme 'CASP'. Milton Keynes Primary Care Trust and the Learning and Development Unit, PHRU, Institute of Health Sciences, Headington, and Oxford, UK.

Goodfellow, L. M. 2004. Can a journal club bridge the gap between research and practice? *Nurse Education*. May-June 29(3) 107-10

Seymour B, Kinn S, Sutherland N. 2003. Valuing both critical and creative thinking in clinical practice-narrowing the research practice gap? *J Adv Nurs*, 42(3) 288-96

MENTAL HEALTH

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Coping with mental illness: A psycho-education programme delivered to patients in the State Hospital Carstairs

Helen Walker, RCN Events, Royal College of Nursing, London, United Kingdom
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Abstract:

Providing psycho-education for patients and carers has been considered a worthwhile activity, with proven clinical effectiveness (Owens et al 2001). Yet introducing Psychosocial Interventions (PSI), such as this, into routine clinical practice, is still considered a challenge in both hospital settings and in the community. The course running in Scotland's only high secure hospital was established long before the introduction of the Clinical Standards for Schizophrenia (2001),

but was never formally evaluated. Over the past two years a formal evaluation of the course was carried out, using the tools highlighted below. The following outcome measures were used immediately before and after the psycho-education groups and again at six months follow up. Understanding of Medication Questionnaire (MacPherson 1995) Positive and Negative Symptom Scale (PANSS) Minimising Incidents Database (DATIX) measures the frequency of violent incidents Social Dysfunction and Aggression Scale (SDAS) Assessment for Insight (David 1990) Calgary Depression Scale for schizophrenia Self rating tools Forensic Assessment of Knowledge Tool (FAKT) was developed to measure patient's understanding of symptoms and legal issues Personal Beliefs About Illness Questionnaire (Birchwood et al 1993) measures patient's views about their illness Patient Satisfaction Questionnaire The sample group consisted of patients living in the State Hospital, with a primary diagnosis of psychosis. Fifty two (n=28) experimental, (n=24) control agreed to take part. The main findings will be presented, including analysis and interpretation of the results. Recommendations for future practice and impact on the service will be included. It is hoped that this study will add to the existing knowledge base for psycho-education programmes.

Recommended reading:

Clinical Standards Board for Scotland (2001) Clinical Standards Schizophrenia Edinburgh: CSBS

Owens, D.G. Cunningham; Carroll, A; Fattah, S; Clyde, Z; Coffey, I; Johnston, E.C. (2001) A randomized, controlled trial of a brief interventional package for schizophrenic patients.

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A comparative review of the therapeutic value of mixed sex wards and female acute admission wards for psychiatric female inpatients

Brigid Redmond, School of Nursing and Midwifery, University College Cork, Cork, Ireland.
Co author: Len Bowers

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Abstract:

Since the 1990's there has been many concerns about the safety of female inpatients on mixed sex wards. Some studies conducted during this period stated that female inpatients preferred mixed sex acute admission wards as the environment helped in their recovery. Other studies stated that a large number of women suffered greatly from sexual harassment and abuse because they were treated on a mixed sex ward environment. The aim of the research project was to ascertain if single sex wards are the most appropriate way forward in treating female inpatients on acute admission wards. The author carried out a literature review on psychiatric acute admission wards regarding treatment and care of women. The author's research was based at East London Mental Health Hospital. To measure the therapeutic value of the ward, ward atmosphere scales were given to the multidisciplinary team on four mixed sex acute admission wards and one female acute admission ward. An audit was conducted on nineteen female patients on mixed sex wards and twelve female patients on the single sex ward. This entailed 75% of all the female patients on the female ward and 53% of all the female patients on a mixed sex ward admitted over a one month period. Semi-structured interviews were carried out on ten staff from different disciplines who worked on both female and mixed sex wards. Finally the author compared the results of the research with

similar studies. The author found that female acute admission wards were more therapeutic due to the female patients feeling safer and women's issues being addressed more frequently and comprehensively on a single sex ward environment.

Recommended reading:

Burgess L. (1994) Mixed sex wards - the NT survey results. *Nursing Times* vol. 90 no.31 pg.35 -38.

Moos R.H. (1996) Ward Atmosphere Scale Sampler Set Manual Test Booklets and Scoring Key. Development, Application and Research. A Social Climate Scale. 3rd Ed. California, Mind Gardens

Warner, L. & Ford, R. (1998) Conditions for women in inpatient psychiatric units: the Mental Health Act Commission 1996 National Visit. *Mental Health Care* 1,7, pg. 225 - 228.

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Facilitating inclusion for people with learning disability within primary health care services: Evaluation of a web-based educational resource

Martyn Jones, School of Nursing and Midwifery, University of Dundee, Dundee, United Kingdom.

Co author: Ella McLafferty

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Abstract:

Inclusive access to primary healthcare for people with learning disabilities is a key tenet of recent policy (Scottish Executive, 2000). However, primary care practitioners often have limited awareness and understanding of the learning disability client group (NHS Health Scotland, 2004). The purpose of this study was to develop a nurse-led educational programme to promote inclusive access to primary care for people with learning disabilities. The study used a pre, post intervention mixed methods design. A short six session web-based course was designed following consultation with a purposive sample of service users with learning disabilities (N=6) and their carers (N=19). Changes in practitioner knowledge, attitude & behaviour were evaluated following training (Gething, 1994; Slevin & Sines, 1996). Practitioners in primary healthcare were facilitated to develop an action plan to improve inclusive access for people with intellectual disabilities which was evaluated by paid carers (N=4) who supported service users to access the study practice in a focus group. A single practice was recruited from the 36 eligible practices in the LHCC. The intervention was delivered to 8 primary healthcare practitioners and receptionist staff. Training was associated with increased practitioner awareness of common health problems faced by people with learning disabilities, especially thyroid disease and dementia. Practitioners were more likely to view people with learning disabilities positively and reported increased intention to meet service user health needs. The access plan included the development of a surgery register, 1-2 yearly health checks for service users and additional training from Speech and Language Therapists. While this inclusion plan met good practice guidelines, carers provided a mixed evaluation. Continuing education for primary health care staff may offer a mechanism to raise practitioner awareness of access issues. However, the development of plans to improve access should involve consultation with service users and carers to ensure their acceptability.

Recommended reading:

NHS Health Scotland (2004). People with Learning Disabilities in Scotland; Health Needs Assessment Report. Stationary Office, Edinburgh.

Scottish Executive (2000) *The Same as you? A policy review of Services for People with Learning Disabilities*. Stationary Office, Edinburgh.

Slevin, E., & Sines, D. (1996). Attitudes of Nurses in a General Hospital towards People with Learning Disabilities: Influences of Contact and Graduate, Non-Graduate Status: A Comparative Study. *Journal of Advanced Nursing*, 24, 1116-1126.

13.30 – 15.00

Concurrent session 1:

1.1.1 An exploration of parental adaptation following the birth of a child with a congenital limb deficiency

Susan Kerr, Senior Research Fellow, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, Scotland Co
authors: Jean McIntosh and Christina Knussen

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Abstract:

Background: Early studies of adaptation, following the birth of a child with a congenital anomaly, adopted a pathological approach in which it was assumed that psychological distress among family members, particularly mothers, was inevitable (eg. Kew 1975). More recently, studies of the process of adaptation have emphasised the wide variation in response and the importance of the parents' own resources and coping strategies (Sloper & Turner 1991). In relation to congenital limb deficiencies, while there is some evidence to support the fact that parental adaptation can affect the 'adjustment' of a child with a limb deficiency, there is currently no information on factors that may influence parental adaptation (Kerr 2004). The study The aim of this study was to explore the experience of parents following the birth of a child with a congenital upper limb deficiency, focusing on factors that appeared to enhance or inhibit the process of adaptation. The research approach was hermeneutic phenomenology. Purposive sampling techniques were used to recruit parents of children aged 6 months to 15 years, with data being collected throughout Scotland (63 families). The audio-taped interviews were transcribed and following this process were analysed using constant comparative procedures. This paper will document the parents' experiences from pregnancy through to the secondary school years. The parents' experiences in a variety of situations will be discussed (eg. at the time of disclosure) and the support provided by health professionals will be highlighted (this was often sadly lacking). It is hoped that the findings from this study will provide evidence that can be used by health professionals (including midwives and health visitors) to help them provide parents with appropriate levels of support.

Recommended reading:

- Kew S (1975) Handicap and family crisis. London: Pitman.
- Kerr SM (2004) An exploration of parental adaptation following the birth of a child with a congenital limb deficiency. Glasgow: Glasgow Caledonian University.
- Sloper P & Turner S (1991) Parental and professional views of the needs of families with a child with severe physical disability. Counselling Psychology Quarterly, 4(4):323-330.

1.1.2 The smacking controversy: What advice should we give to parents?

Susan Redman, Lecturer, School of Nursing and Midwifery, University of Dundee, Scotland, Dundee

✉ s.g.redman@dundee.ac.uk

Abstract:

This paper will report on part of a larger study that aims to explore the beliefs and attitudes of health care professionals about the use of smacking by parents to discipline their children. Proposals for legislative change towards a ban in the use of smacking tend to evoke strong feelings amongst the public and health care professionals. This presentation discusses the controversial issues raised by both supporters and opposers within the context of nursing. A wide range of literature suggests that both public and professional opinion is divided upon the use of smacking as a form of discipline of young children. Similarly opinion is divided regarding the use of legislation to bring about change in social attitudes and behaviour. Since there is division even in child protection spheres, professionals may struggle to see their way through a maze of seemingly contradictory findings from research, policy and opinion. Nonetheless, these issues are relevant to all health care professionals who work with parents and children, as there is a need for consistent guidelines about advising parents about alternatives to smacking given an increased focus upon the family and community in nursing, the implications of this debate cannot be ignored. There is a need to be able to recommend best practice and to do so consistently.

Recommended reading:

- Taylor J, Redman S. (2004) the Smacking Controversy: What Advice Should We Be Giving Parents? Journal of Advanced Nursing. 46 (3) 311-318
- Scottish Executive (2000) The Physical Punishment of Children in Scotland: A Consultation. Scottish Executive. Edinburgh
- Benjet C, Kazdin A.E. (2003) Spanking Children: The Controversies, Findings and New Directions. Clinical Psychology Review. 23, 197-224

My clinical background is in Health Visiting. I am currently employed as a lecturer in Nursing at the University of Dundee. My main teaching interest is in Public Health and Health Promotion with undergraduates and postgraduate students. I commenced PhD Studies earlier this year.

1.1.3 Children's awareness of the inside of their bodies and the potential effect on health education interventions

Alison Tonkin, NVQ Tutor / Verifier - Early Years Care and Education, Centre for Research in Primary and Community Care, University of Hertfordshire, Hatfield, England. Co authors: Sally Kendall and David Messer

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Abstract:

Background: Although much emphasis has been placed on the contribution of nutrition to preschool children's health (Office for Standards in Education, 2004), one crucial requirement is the consumption of drinking water during the day. Currently, health

related topics are actively promoted within preschool settings and it is suggested, that by linking bodily functions to simple explanations (Tonkin, 2003), you can "help children to understand the thinking behind the good practices they are encouraged to adopt" (Qualifications and Curriculum Authority, 2000). A previous, unpublished study by the authors showed that children could engage with information about the human body, providing a platform to investigate whether this information assisted promotion of the benefits of drinking water.

Aim: The research proposal asked: - If children are exposed to the names and positions of the internal organs of the human body, will this enhance involvement in future health promotion interventions? Methodology This study compared the learning of 56 convenience sampled preschool children (aged 2 -5 years) following the provision of an intervention utilising a pre-test/post-test intervention design. 33 of the 56 children received information about the brain, kidneys, bladder and large intestine before the water intervention. All 56 children received the water intervention showing how drinking water can help them to keep their bodies "healthy and happy".

Findings: Although there was an improvement in children's awareness of the need to drink water, the findings imply that one-off interventions are relatively ineffective. This is worrying as, with the proposed extension of the Healthy Schools Scheme into nursery provision, nurses are ideally placed to deliver these health messages.

At the end of the presentation, participants will have:

1. An awareness of the specialist nature of preschool provision.
2. Explored how to encourage participation in the health education process.
3. Discussed findings and recommendations for the future.

Recommended reading:

- Office for Standards in Education (2004) Department for Education and Skills, Food Standards Agency, pp. 1-31
- Tonkin, A. (2003) In Practical Pre-School, Vol. May 2003
- Qualifications and Curriculum Authority (2000) Curriculum Guidance for the Foundation Stage, QCA Publications

1.2.1 Developing an organisational framework that provides a corporate focus for Practice Development

Dawn Connolly, Senior Nurse Researcher, Directorate of Nursing & Quality, Craigavon Area Hospital, Armagh, Northern Ireland. Co author: Peter O'Halloran, Lecturer, School of Nursing, Queens University, Belfast

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Abstract:

Developing an organisational framework that provides a corporate focus for practice development is one of the challenges faced by those engaged in practice development activities. By its very nature, practice development activities tend to be small-scale and highly context specific. There is a dearth of evidence relating to effective organisational models for practice development. This paper will outline the processes involved in developing

a framework that enables a participative, collaborative and practitioner orientated approach to the development of person-centred practices that is supported by a corporate strategic direction in an acute trust in Northern Ireland. The framework incorporates two differing concepts of practice development - technical and emancipatory (Manley & McCormack, 2003) and draws on complimentary approaches to their evaluation. The impact of this integrated approach (a process that includes a broad strategic plan, with local implementation, supported by dedicated practice development facilitators, using practice development and action learning approaches) on achieving person centred care across forty-two clinical areas and over four sites in an acute hospital trust will be discussed. This will include sharing experiences of: - a newly appointed practice development team - getting an infrastructure in place - setting up structures and processes - baseline evaluation using validated tools of the quality of nursing care and midwifery care, patient satisfaction with care, the leadership style of ward leaders and the degree to which the organisation supports high quality nursing and midwifery care. - getting started in action learning with ward leaders - taking the first steps to creating a culture change that is sustainable

Recommended reading:

- Manley K and McCormack B (2003) Practice Development: purpose, methodology, facilitation and evaluation, *Nursing in Critical Care*, Vol 8, No 1 pp22-29

1.2.2 A 360-degree approach to evaluation research: Making your findings count

Helen Hancock, Research Fellow, Nursing Research & Development Unit, University of Northumbria at Newcastle, Newcastle, England. Co author: Steve Campbell

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Abstract:

Evaluation research attempts to explain the impact of an action, intervention or programme (Clarke 1999). Traditional approaches to evaluation research are often conducted from one perspective, exclude stakeholders and, as a result a lack of ownership of the finding(s). It is possible to overcome this by involving a range of stakeholders through the use of 360-degree research evaluation. 360-degree research evaluation developed from 360-degree appraisal, which refers to full circle feedback from colleagues and users. 360-degree appraisal is used increasingly in health care to assess professional performance, encourage improvements in performance and to inform decisions on promotion, assignment allocation and succession planning (Whitehouse et al. 2002). As a research approach, 360-degree research evaluation captures self and observer evaluation about the impact of an action, intervention or programme. Also referred to as a collateral approach (Sobell and Sobell 1980), it offers a level of robustness that is absent in self-report designs (Bowles 2000, Bracken et al. 2001). This paper draws on the authors' empirical work to discuss the use of 360-degree research evaluation, and includes a discussion of its principles, advantages and disadvantages. The studies used to illustrate its use are: (i) An Evaluation of the impact of a Health Care Assistant (HCA) Development Programme on the role of HCAs and others in an NHS Foundation Trust, and (ii) An evaluation of the impact and sustainability of the LEO programme on the role of the G Grade

Nurse Manager as well as that of others in an NHS Foundation Trust. In the studies presented the use of a 360-degree approach provided perceptions of individuals from multiple-perspectives and, in doing so, offered insight into the real impact of the programmes on practice in the work context. Recommendations for each programme and for the organisation were derived from the findings. These were adopted by programme and organisational leaders and have informed programme development and organisational action.

Recommended reading:

- Clarke A. (1999) *Evaluation Research: An Introduction to Principles, Methods and Practice*. Sage Publications: London.
- Whitehouse A, Walzman M & Wall D. (2002) Pilot Study Of 360 Assessment Of Personal Skills To Inform Record Of In Training Assessments For Senior House Officers. *Hospital Medicine*. 63(3): 172- 175.
- Sobell L & Sobell M. (1980) Convergent validity: An approach to increasing confidence in treatment outcome conclusions with alcohol and drug abusers. In: Sobell L, Sobell M & Ward E (eds) *Evaluating Alcohol and Drug Abuse Treatment Effectiveness: Recent A*

My career has developed from a primary concern with the provision of day-to-day nursing care in cardiothoracic intensive care, through that of a clinically based educator, to one that focuses on health services research and development. My passion for research and development has proven a major factor in the ongoing development of my career and has resulted in my current role. I have moved from a position of researcher within a university, to that of researcher within a NHS Trust. I work, therefore, in the context of health care delivery. My belief in the value of remaining in touch with the realities of clinical practice drew me to my current position, where my role as researcher is enmeshed with that of clinical practice, practitioners and other researchers. By virtue of being in a similar position to that of a practitioner-researcher, my work is relevant to, informs and guides clinical development.

1.2.3 The experiences and perceptions of NHS nurses undertaking nursing research in the clinical setting

Val Woodward, Senior Lecturer, Institute of Health Studies, University of Plymouth, Plymouth, England. Co authors: Christine Webb and Morag Prowse

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Abstract:

Aim of the research: This is part of a wider PhD programme evaluating nursing research (NR) activity in the clinical setting. This study aimed to evaluate the experiences and perceptions of nurses undertaking NR in the NHS.

Methods: In-depth unstructured interviews were held with 38 nurses working in five NHS trusts. Practitioners worked in a variety of settings - teaching hospitals, district general hospitals, mental health and primary health care. Latent content analysis was undertaken using Ritchie & Spencer's Framework technique (1994) to organise the data. Results Four themes emerged from the data: NHS influences on NR, support systems, perceptions of NR and individual influences on NR. Themes

were further examined to identify categories and dimensions.

Discussion: The volume, level of support, and profile of NR was varied. Many interviewees were doing research for a master's programme. Research governance was seen as another layer of bureaucracy and some nurses found the ethical approval processes time consuming and complex. Mechanisms for supporting R&D such as the Research & Development Support Units (RDSUs) were mostly felt to be very helpful. Other support was variable: some felt well supported with time, finance and resources but others struggled with these. Many nurses felt that NR has a low profile, is not valued, and seen as unscientific. Cultural issues emerged with interviewees stating that nurses rarely undertake research, don't understand research, are frightened by it or feel that it is not needed for clinical practice. Individual motivation played a large part in the decision to undertake research but many felt that they had made personal sacrifices which were not appreciated by the NHS, colleagues, managers and HEIs. Results will be discussed in depth and will consider the contribution of NHS nurses to nursing research, making recommendations for future practice.

Recommended reading:

- Ritchie J & Spencer L (1994) Qualitative data analysis for applied policy research. In *Analysing Qualitative Data* (Bryman A & Burgess RG eds) Routledge: London pp 173-194

1.3.1 Joined up services for older people: Reality or aspiration

Glenda Cook, Principal Lecturer, Nursing, Midwifery and Allied Health Professions Research and Development Unit, University of Northumbria at Newcastle, Newcastle, England. Co authors: Brendan McCormack, Jan Reed, Elizabeth Mitchell, Sue Childs & Amanda Hall

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Abstract:

The terms 'joined-up services', 'whole-systems working', and 'seamless care', to name a few, are in danger of becoming hackneyed phrases in policy and practice literature concerning care for older people. Whilst this may be the case, the concept of integration continues to be a key aspect of care for those service users who require support from a number of agencies and across many different interfaces. The study addressed this through a detailed literature review and case study analysis pertaining to whole-systems approaches to the organisation and management of services for older people in acute health care systems, to identify innovative practices to inform future developments. The study included two inter-related strands of work. Strand One was a literature review of published and unpublished items, using principles of systematic review developed by the NHS Centre for Reviews and Dissemination. In Strand Two a case study approach was utilised to explore integrated working practices in one health and social care locality in Northern Ireland. This involved mapping of patient pathways, and interviewing of staff and service-users to explore their experiences of care and the ways that integration of care had developed. Documentary data, recording service usage and service performance, was also collated. The data was analysed using citation analysis and mapping of themes in strand 1 and content analysis of key themes from strand 1 and 2 data. The findings suggest that gaps in and between

systems of care cause a variety of problems for older people, providers and commissioners of services. The data supports the need for continuity of care, and the development of soft systems in the organisations of services for older people. Whilst the study addressed the whole system of care, the presentation will focus on issues concerning the organisation of and development of nursing. Key words Integrated care, locality systems older people

Recommended reading:

- University of Ulster and Northumbria University, (2004) An exploration of integrated care for older people and the factors that enable or hinder integration. Belfast: Research and Development Office DHSSPSNI

1.3.2 Towards relationship-centred care in care homes

Christine Brown-Wilson, Lecturer in Older People's Nursing, School of Nursing and Midwifery, University of Sheffield, Sheffield, England.

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Abstract:

There is a policy commitment within the UK to provide person centred care for older people. However, the concept of person centred care lacks clear operational definition and some would suggest fails to take into account the influence of relationships within care environments (Nolan et al 2001). This paper reports on preliminary findings from an on-going study that seeks to identify how relationships influence the experience of older people; their families and staff within care homes. Using a constructivist approach (Guba and Lincoln 1989), the perspectives of older people, their families and staff are explored, identifying their relevance to how care is delivered within care homes. Concurrent data collection and analysis has been completed in two of three case study sites using unstructured interviews, participant observation and focus groups. The researcher created a hermeneutic circle between older people, their families and care staff to assist in the joint construction of findings, which is a key tenet of constructivist research (Rodwell 1998). Data analysis within these case study sites, using a constant comparative approach, has identified preliminary themes, which suggest how relationships can influence the experiences of those involved in care homes. Themes include recognising the person, attention to detail and making care special. Each theme will be discussed from the perspectives of older people, families and staff. Examples from the data will be used to illustrate how person centred and relationship centred approaches to care can be put into practice within care homes. These early findings suggest that the move from person centred care to relationship centred care may improve the experience of older people, their families and staff working in care homes.

Recommended reading:

- Guba, E., and Lincoln, Y. (1989) Fourth Generation Evaluation. Newbury Park. Sage Publications
- Rodwell, M.K., (1998) Social Work Constructivist Research. New York. Garland Publishing Inc.
- Nolan, M.R., Davies, S., and Grant, G. (eds.) (2001) Working with older people and their families. Key issues in policy and practice. Buckingham. Open University Press

1.3.3 Transformational research

Sally Hardy, Senior Research Fellow, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England. Co author: Angie Titchen

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Abstract:

We present a case for transformational qualitative research that contributes to human flourishing, not only through its 'ends' (i.e., research products), but also, intentionally, through its 'means' (e.g., research processes and stakeholder involvement). Such research is values-driven and uses inclusive, collaborative and facilitative processes. Thus, transformational research is complex and requires researchers to engage in reflexivity (deep self-reflection) to examine and critique their values. This paper is a critique of our experiences within the Expertise in Practice Project (Manley et al, 2004). The research was concerned with the complex phenomenon of a research team helping practitioners to investigate and evaluate their own practice. In addition, it focussed on making a difference to how those nurses practise and enabling them to think critically about their work and how their practice affects others. In relation to the latter, we will explore the issue of engaging service users as collaborative research participants in the evaluation and development of nursing practice expertise. How we helped practitioners to address their concerns about asking service users for opinions on their practice and how the users' feedback was transformational for the nurses will be discussed. We found that engaging service users in research, within the frame of Guba and Lincoln's (1989) stakeholder evaluation approach, requires sensitivity, respect and many of the attributes of an 'expert' practitioner. Examples include being person-centred and authentically collaborative. A nurse participant describes the experience of receiving direct feedback from a patient as: 'a tense time being scrutinised by a patient. I felt vulnerable and quite uneasy, particularly as this patient is known for having a frank approach! But an enlightening experience. I was uncomfortable with the prospect of involving patients in this study but it has been invaluable.' We conclude that if intentional transformation as 'ends' and 'means' is to become a key and significant element of contemporary nursing research, researchers and practitioner-researchers will not only need help to engage in reflexivity, they will also need to develop expertise as facilitators of transformation.

Recommended reading:

- Guba E. & Lincoln Y. (1989) Fourth Generation Evaluation. Sage. Newbury Park, Ca.
- Manley K, Hardy S E, Garbett R, Titchen A & McCormack B. (2004) Changing patients' worlds. Exploring nursing practice expertise. RCNI London.
- Titchen A. (2003) Creating Healthy People Spaces: Walking the Walk, Keynote Presentation, Australian Qualitative Research Conference, Sydney. (Abstract available from angie.titchen@rcn.org.uk)

1.4.1 Results of the pilot study of a randomised controlled trial to evaluate the effectiveness of aromatherapy massage with 1% Santalum album (Sandalwood) when compared with massage with Sweet Almond Carrier oil, or sandalwood oil via an aromastone in reducing levels of anxiety in palliative care

Gaye Kyle, Senior Lecturer, Faculty of Health & Human Science, Thames Valley University, Slough, England. Co author: Jane Bake

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Abstract:

Anxiety is an unpleasant experience causing sleep and appetite disturbance, studies shows that 25% - 35% of cancer and non-cancer patients have significant anxiety or depression (Addington-Hall & Higginson 2001, Waller & Caroline 1996, Twycross 1997). The primary end points of the research is to report a statistically significant difference in anxiety scores between the experimental group (B) and the comparison groups (A & C) and to influence the integration of aromatherapy into all aspects of palliative care. This a collaborative multicentred study. The sample size was calculated with reference to normative values from previous research results and the State Trait Anxiety Inventory (data collection tool) instruction manual. We used an alpha value of 0.05 and power 0.8 which gave a sample size of 175. Allowing a 25% attrition rate the sample size for the main study was therefore set at 250 for each intervention group. The pilot study (N=34) took longer than expected (18mths) due to a higher than estimated attrition rate. The limited data tested the logistics of the research but was not substantial enough to generate coherent statistics. However, the results seem to support the notion that group A is the most effective and sustained intervention for reducing anxiety especially when compared with group B, suggesting the ingredient of Sandalwood is the key. This is reinforced by group C generating better results than group B. However, only the visual analogue scores (second method of data collection) in group A were statically significant. No assumptions can be drawn from these results due to the inconsistencies that are bound to occur in such a small sample nevertheless the results are a promising start to the study. This paper will present in detail the pilot study results, discuss the research design and explain how the main study is progressing.

Recommended reading:

- Addington-Hall JM & Higginson IJ (2001) Palliative Care for Non-Cancer Patients. Oxford University Press: Oxford.
- Waller A. & Caroline NL (1996) Handbook of Palliative Care. Butterworth- Heinemann: Oxford.
- Twycross R (1997) Symptom Management in Advanced Cancer. Radcliffe Medical Press: Oxford.

1.4.2 The effectiveness of the use of antenatal reflexology on the entranatal period

Jenny, McNeill, Researcher, School of Nursing and Midwifery, Queens University, Belfast, Northern Ireland. Co author: Fiona Alderdice

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Abstract:

The integration of reflexology into midwifery care has become more common in recent years. However much of the evidence on effectiveness within midwifery care is anecdotal in this area and there is a lack of research on which to base practice. The purpose of this study was to investigate the effectiveness of antenatal reflexology on different outcomes in the intranatal period. A retrospective approach using a comparative descriptive design was utilized. A convenience sample of fifty women who had received reflexology in the antenatal period over a time period of one year was considered. Criteria for inclusion consisted of low risk (no medical or obstetric complications), primigravida women. Similar criteria were used for the control group of one hundred women who delivered in the same hospital in the same time period were randomly selected. Key variables of interest were onset of labour, duration of labour, mode of delivery and analgesia used. Other relevant variables such as augmentation of labour and infant Apgar scores were also considered. Results showed there was no significant difference in the onset of labour or duration of labour between the two groups. However there was a trend apparent within the reflexology group in those who had two or more reflexology treatments had a reduced mean duration of labour. Results also revealed no significant difference in the mode of delivery and Apgar scores. The use of reflexology in midwifery, specifically in the antenatal period needs further investigation and a large randomized trial initiated. It is my intention to present an overview of the use of reflexology within midwifery practice and the results of this study. References Biley F. C. and Freshwater D. (1999) Trends in Nursing and Midwifery Research and the need for change in complementary therapy research *Complementary Therapies in Nursing and Midwifery* 5(4) 99-102 Lett A. (2002) The Future of Reflexology *Complementary Therapies in Nursing and Midwifery* 8(2) 84-90 Mackereth P. A., Dryden S. L. and Frankel B (2000) Reflexology: recent research approaches *Complementary Therapies in Nursing and Midwifery* 6(2) 66-71

Recommended reading:

- Biley F. C. and Freshwater D. (1999) Trends in Nursing and Midwifery Research and the need for change in complementary therapy research *Complementary Therapies in Nursing and Midwifery* 5(4) 99-102
- Mackereth P. A., Dryden S. L. and Frankel B (2000) Reflexology: recent research approaches *Complementary Therapies in Nursing and Midwifery* 6(2) 66-71
- Lett A. (2002) The Future of Reflexology *Complementary Therapies in Nursing and Midwifery* 8(2) 84-90

1.4.3 Why parachutes don't work: Using randomised controlled trials in establishing an evidence base for complementary therapies

Bruce Lindsay, Deputy Director, Nursing and Midwifery Research Unit, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England

Abstract:

The use of complementary and alternative therapies (CAMs) is expanding, and nurses are becoming increasingly involved as practitioners, or as sources of advice for patients and carers. The evidence for the efficacy of CAMs remains unclear however, and an increasingly complex debate is developing with the role of the randomised controlled trial (RCT) as a central area of concern. The randomised controlled trial (RCT) is considered to be the 'gold standard' for evidence-based medicine. If an intervention has not achieved a positive outcome in an RCT then as far as many clinicians and policy-makers are concerned it doesn't work. CAMs have not had an easy relationship with RCTs. Failure to obtain positive results in trials has led many authorities to question the validity of therapies, while CAMs practitioners argue that RCTs and other quantitative strategies are ill-suited to analysis of CAMs. This uneasy relationship looks set to intensify as calls for regulation of therapies also seek evidence for or against efficacy. But is the RCT a genuinely problematic predictor of the impact of socially-complex interventions such as CAMs? The paper will expand on a previous analysis of RCTs of socially-complex nursing interventions [1] and on the work of Smith and Pell on parachute use [2], extending the findings into CAMs research. I will argue that the complex inter-relationships involved in the delivery of many CAMs are suited to analysis by RCTs, but that inadequate and uninspired study design frequently leads to problems with recruitment and randomisation of subjects, blinding, intervention dose calculation and other factors. Reliable and valid CAMs research must therefore develop more innovative approaches to RCT design.

Recommended reading:

- Lindsay B (2004) Randomized controlled trials of socially complex nursing interventions: creating bias and unreliability? *Journal of Advanced Nursing* 45 (1) 84-94.
- Smith GCS, Pell JP (2003) Parachute use to prevent death and major trauma related to gravitational challenge: systematic review of randomised controlled trials. *British Medical Journal* 327 1459-1461.

1.5.1 Primary care nursing in England: Issues in developing the workforce

Vari Drennan, Senior Lecturer, Department of Primary Care & Popular Sciences, Royal Free and UCL Medical School, University College London, England. Co authors: Sarah Andrews & Rajinder Sidhu

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Abstract:

The modernisation and improvement plans for the NHS include increased levels and variety of health care interventions being delivered in primary care and community settings (Department of Health

1997,2004). These plans, which include the new contracts for medical services in primary care, the chronic disease management programme, the programme for tackling inequalities in health and new frameworks for children's services, require new roles and new ways of working by nurses in these settings. Whilst nurse recruitment targets overall have been successfully met, primary care has yet to benefit from the overall increase in the number of nurses. This presentation reports on a Department of Health funded study that examined issues in developing establishing flexible entry routes for nurses to work in primary care at registered (i.e. 'staff nurse') nurse level (Drennan et al 2004). While there is a significant literature on the recruitment and retention of nurses to the hospital sector, there is very little that addresses these issues in respect of the primary care nursing workforce. The study activities included a national survey, a grey literature search, key informant data collection through workshops and analysis of nationally available statistics The presentation will report on: a) Profiling and mapping the primary care nursing workforce a) Identifying the key issues in the recruitment and retention of nurses in primary care b) A grey literature search and national scoping exercise on initiatives to address recruitment and retention issues in primary care c) The development of a strategic model and guide for addressing issues in the recruitment and retention of nurses to primary care. The presentation will consider both the methodological challenges of investigating these issues and developing a theoretical model of the primary care nursing labour market.

Recommended reading:

- Department of Health. 1997. The New NHS : Modern and Dependable. London: The Stationary Office. Cm 3807,
- Drennan,V.,Andrews,S. and Sidhu R. Flexible Entry to Primary Care Nursing Project Report. Priamry care Nursing Research unit, University College London & Kings College London
- Department of Health. . 2004. The NHS Improvement Plan: Putting People at the Heart of Public Services. London : The Stationary Office . Cm 6268

1.5.2 Partners in care. Investigating community nurses' understanding of an interdisciplinary team-based approach to primary care

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Abstract:

Current health policy in the Republic of Ireland identifies the development of primary care teams as central to meet the health and social needs of the population. This paper presents the key findings of a research study, of community nurses' understanding of an interdisciplinary team-based approach to primary care to meet the current and future needs of the population. The outcome of this study will contribute to a high quality, patient-centred, seamless service, by informing strategies for effective team working in primary care. A qualitative research design using focus groups interviews with community nurses working in the areas of public health nursing, general nursing and practice nursing was used to explore this issue. Non-probability sampling was used to recruit participants

to form three homogeneous focus groups of twelve each. The systematic data collection process was guided by a sequenced-questioning framework, which provided a rich source of data. Data analysis followed an inductive approach and the thematic content analysis framework provided a comprehensive recording of the group discussions. Key themes were identified, compared and contrasted to find patterns within and across the group discussions. The findings provided valuable insights into community nurses' understanding of an interdisciplinary team-based approach to primary care. The key findings in this study highlighted the need to further develop primary care and community services. It also emerged that primary care teams require the full complement of team members to function effectively, and that collective team efforts enhance patient care. Nurses clearly articulated their contribution to primary care, but recognised that there are many challenges to overcome. Nurses have a significant contribution to make to the further development and re-orientation of primary care services. An enhanced primary care team will allow the public access to both the individual and collective skills and knowledge of an interdisciplinary team.

Recommended reading:

- Morse J. M. and Field P.A. (1996) Nursing research; the application of qualitative approaches. 2nd edition. Nelson Thornes, UK.
- Sim J. (1998) Collecting and analysing qualitative data: issues raised by the focus group. *Journal of Advanced Nursing* 28(2), 345-352.
- Ritchie J., Lewis J., and Elam G. (2001) Designing and selecting samples. In Ritchie J. and Lewis J. (Eds.) *Qualitative research practice: a guide for social science students and researchers*. Sage Publications, London, 77-108.

1.5.3. Situating themselves in practice: general practice nurses' perspectives on role and role change

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Abstract:

The role of the General Practice Nurse (GPN) has undergone marked changes consequent to the 1990 GP contract and subsequent contractual amendments, and in relation to the current needs of individual practices. This has resulted in greater role fragmentation, diversity and a complexity of role expectations. This contrasts with traditional research depictions, which describe a homogenous group of nurses with shared perspectives on the role and its scope. More recent research on GPN (Atkin, Lunt et al. 1993; Caldow 1996; Dent and Burtney 1997) signalled role change but did not fully anticipate the pace of change in both the context and practice of GPN. A three-phase research design considered GPN perspectives on this evolution. This involved questionnaire data collected from GPN in the study area (n= 246), a series of seventeen semi-structured depth interviews with GPN and eight depth interviews with hospital nurses considering a job move to the GP setting. Statistical analysis of the questionnaires, and content analysis of the interviews, allowed the more detailed perspectives of interviewees to be situated within the broader context of GPN in the study area. Analysis of these phases examined how nurses situated themselves

within the potential roles in this setting and their perspectives on role transition. This highlighted a range of views influenced by both work and non-work factors and the differing aspirations amongst GPN. Influencing factors included education, attitudes to role evolution and the long-term intention to remain in this role at some level. Considerable diversity was evident. The importance of these factors lies in consideration of the future of nursing in this setting, in the light of nurse shortages in many clinical areas. This paper explores the influence of these factors on GPN and the complexity of their interaction in the context of individual nurse's continuing role participation.

Recommended reading:

- Atkin, K. et al. (1993). *Nurses Count: A National Census of Practice Nurses*. York: Social Policy Research Unit.
- Dent, M; Burtney E. (1997). "Changes in practice nursing: professionalism, segmentation and sponsorship." *Journal of Clinical Nursing*. 6: 355-63.
- Caldow, J. (1996). *A National Survey of Practice Employed Nurses in Scotland: Characteristics, Workload and Attitudes to Independent Practice*. Aberdeen: Department of Public Health. University of Aberdeen.

1.6.1 Integrated working practices: The perceptions of nursing professionals and their managers of delivering continuity of care through integrated community mental health teams (CMHTs) and in-patient services

Ruth Belling, Senior Research Fellow, Faculty of Health, London South Bank University, London, England

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Abstract:

Background: Since 2000, integrated community mental health teams (CMHTs) have constituted a fundamental part of the UK government's approach to providing continuity of care for severely mentally ill people (Department of Health, 2000). Variable approaches to integrated working, limited resources and shortages of professional mental health workers can impact the delivery of continuous care in mental health settings (Freeman, 2002).

This paper explores the perceptions of nursing professionals and their managers towards integrated working practices, focusing on attitudes towards integration, the nature and challenges of multidisciplinary working and the main barriers and facilitators experienced in providing continuity of care to service users through integrated working methods. Data collection and analysis methods In-depth, semi-structured, qualitative interview data were collected from a proportionate sample of nursing professionals and their immediate managers within eight CMHTs (n23) and those providing in-patient services with which these CMHTs interface (n22), within two UK NHS Mental Health Trusts. Data on attitudes to integrated working and resource issues were thematically analysed using a grounded-theory approach, while perceptions of barriers and facilitators to continuity of care were categorised using a structured framework developed as part of a wider study from which this sample is taken.

Results: Results showed the concept of integrated working was positively received by both nursing

professionals and their managers within both trusts. In contrast, the management of integration was perceived to be poor amongst nursing staff and managers within CMHTs. Generic working was adhered to amidst concerns over the blurring of professional role boundaries within CMHTs. Main barriers perceived as impacting continuity of care were difficulties in transferring users' information between professionals due to lack of compatible IT systems, inadequate staffing levels and lack of suitable accommodation for service users. Main facilitators supporting continuity were teamwork and personal/job satisfaction in helping users on a day to day basis. Conclusions The concept of integrated working as a means of providing continuity of care is welcomed by nursing professionals and their immediate managers. However, integrated working is not a short-term fix, but a long-term change process that must be managed. Issues regarding the practicalities of what it means for nursing professionals to work as part of a multidisciplinary team in delivering continuity of care have yet to be resolved. Examples from both trusts and at all levels suggests that integrated working to deliver continuity of care requires not only adequate staffing levels, but also resources to ensure reliable and effective transfer of service users' information essential for multidisciplinary decision making. It is recommended that resources to support information transfer are invested as a priority to support both multidisciplinary working and continuity of care.

Recommended reading:

- Freeman, G et al (2002) *Promoting Continuity of Care for People with Severe Mental Illness: Report of a Scoping Exercise for the National Co-ordinating Centre for NHS Delivery and Organisation R & D; NCCSDO*, London. UK.
- Department of Health (2000) *Mental Health Service Framework Workforce Planning, Education and Training Underpinning Programme*. Interim Report. HMSO. London.

1.6.2 Providing best practice harm reduction services for injecting drug users

Briege Quinn, Nursing Team Leader/ Lecturer, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co author: Michael Foley

✉ briege.quinn@nwb.n-i.nhs.uk

Abstract:

Learning outcomes:

- 1) To develop knowledge on the barriers and incentives to help seeking in the injecting drug user population in Belfast.
- 2) To identify an evidenced based model for care delivery to the injecting drug user
- 3) To develop understanding of the values and beliefs held by those providing treatment services to the research cohort in Northern Ireland, embracing Harm Reduction approaches for the injecting drug using population presents new challenges for those working in this field that aim to reduce the negative consequences of drug use. Risks include: Blood borne viruses, Hepatitis B, Hepatitis C and the spread of HIV Direct damage to the injection sites and potential bacterial infections General neglect of personal health and overdose Increasing levels of drug dependency Family and relationship breakdown Inquisitorial crime leading to criminalisation Homelessness In order for Harm Reduction messages to be conveyed successfully drug

treatment workers must look at ways of engaging people in treatment, addressing the issue of what influences them in seeking help and continuing engagement with drug treatment services. This is essential if community issues such as blood borne viruses and crime are to be addressed and the needs of the injecting drug population are to be met. For the purpose of this practice development research, a qualitative approach using focus groups as the instrument was selected to investigate, document and interpret the research data. Three focus groups were carried out within a 6-week period. The focus group members were nurses, doctors, social workers and occupational therapy staff who provide treatment services for injecting drug users, former clients of treatment services and those injecting drug users who had chosen not to avail of the treatment services. The outcomes indicated the following development needs,

- Low threshold high tolerance services
- Skilled and knowledgeable service providers
- A wider menu of options including substitute prescribing
- More person centred planning and involvement in treatment
- A Harm Reduction service differentiated from abstinence based and perceived alcohol focussed inpatient services

Subsequent information and training workshops looked at addressing these identified needs, including values clarification, the formulation of a service mission statement, addressing cultural change within a service, safer injecting and blood-borne virus training. Service users delivered training to service providers with a particular emphasis on person centred interventions.

Recommended reading:

- DHSS(1999) Drug misuse and Dependence - Guidelines for Clinical Management .HMO
- McLaughlin, D.F., McKenna H, Leslie J.C. (2000) The perceptions and aspirations illicit drug users hold toward health care staff and the care they receive. *Journal of Psychiatric and Mental Health Nursing* 7 (5) 435-441.

1.6.3 Managing personality disorders: Making positive connections

Annette Duff, Nurse Consultant, Norfolk Mental Health Care Services, Norwich Clinic, Norwich, England.

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Abstract:

Nationally and internationally, there has been an increased public profile of people with personality disorders and an increased presence in a number of services including the criminal justice system, health and social services. This increased profile has been, in part, a result of media-led public anxiety. It has, however, also been due to a professional recognition of the need to reduce associated risks, the distress of people with a diagnosis of personality disorder and the current inefficient use of resources. Recent government guidelines (NIHME 2003) focus on recommendations for services. The manifestations of personality disorders, the treatability clause in the 1983 mental Health Act (which is currently under review), and the lack of sufficient treatment facilities have meant that people with a diagnosis of personality disorder often use services (health, social services, etc) in a chaotic and at times challenging way yet related

training, support and guidance for these staff has not to date been readily available. This presentation will reflect on a staged research project relating to the evaluation of a development programme that was created to equip staff to provide effective care and management of people with personality disorders. The elements of the programme were drawn from an RCN scholarship funded evaluation project of an induction, teaching, supervision and training programme for a staff group working with patients with a diagnosis of personality disorder in a medium secure forensic setting (Duff and Meredith 2000). This was then piloted within the Dangerous Severe Personality Disorder Unit at HMP Whitemoor (DOH/HO 1999) and has most recently been delivered at the University of East Anglia in partnership with the Norfolk Mental Health Care NHS Trust. Also outlined will be the resulting development of competencies for unqualified and qualified staff, an outline of service development needs for managers of services catering for service users with a diagnosis of personality disorder as well as associate psych-education programmes for carers, users and staff members.

Recommended reading:

- NIHME (2003) Personality Disorder No Longer a Diagnosis of Exclusion: London, Department of Health
- NIHME (2003) Breaking the Cycle of Rejection: The Personality Disorder Capabilities Framework: London, Department of Health
- Duff.A.,Meredith.B., and Woodbridge (2003) Making Positive Connections- A Foundation for working with people who have a diagnosis of personality Disorder Pavilion, Brighton

1.7.1 Recruiting minorities remains a challenge

Amena Dilmohamed, Research Nurse, Clinical Research, Education Effectiveness and Education, The Whittington Hospital, London, England

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Abstract:

It is widely accepted that we live in a multicultural society, and London is regarded as being 'diverse' in its community. Diversity, broadly speaking, includes differences related not only to race and ethnicity but also to age, disability, gender, national origin, religion and sexual orientation. Furthermore, diversity includes an infinite range of characteristics that are not visible simply by looking at an individual. Enhancing diversity is an issue of compelling public interest and disparities in health care are a reality and should be eliminated and our research should reflect the community we serve. Sources that may contribute to racial and ethnic disparities in health care are, the systems, health care providers, patients, bias, stereotyping, prejudice and clinical uncertainty.

Whilst indirect evidence appears to support this statement, a greater understanding of the prevalence and influence of these processes is needed and should be sought through research. yet, our experience indicates that research specifically addresses the health needs of minority groups is not always welcomed by the community itself, and is viewed with suspicion. This paper reflects on the experience of the author, in attempting to recruit into a study that sought to elucidate the relationship between homocysteine levels, cardiovascular health risk and diabetes in Indian Asians. Although

a significant health concern within the Indian Asians community, we faced numerous challenges in achieving good recruitment and gender representation.

Volunteers are the lifeblood of research studies and the researcher carries an enormous responsibility to safeguard patients while pushing the limits of science to help cure and treat health problems. We describe the mechanisms and recruitment strategies we employed and how engagement with the community as a whole assisted the recruitment process. We also discuss the insider/outsider debate and how personal identity may influence relationships with minority communities.

Recommended reading:

- Balarajan (1996)
- Obeid et al ((1998)
- McKeigue et al (1993)

1.7.2 The dilemmas of researching patients with a poor prognosis (6-12 months)

Lynne Kilbride, Senior Lecturer – Research, School of Acute and Continuing Care Nursing, Napier University, Edinburgh, Scotland

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Abstract:

It is imperative that patients with a poor prognosis receive optimum care (Efficace & Bottomley 2003). In order to ensure this, there needs to be a more studies undertaken, that investigate the care that patients with a poor prognosis receive. There have been a number of papers published that discuss the dilemmas of interviewing and/or involving patients with a poor prognosis within research studies (Davies et al 1998, Addington - Hall 2002). These authors highlight that the issues faced by researchers who wish to study patients with a poor prognosis are numerous. To prevent these issues discouraging research being undertaken with this patient group, it is imperative that appropriate methodological approaches and support strategies promoted in order that they can be considered and implemented as necessary by researchers at each stage of the research process.

This concurrent session will use the literature and the authors experience of researching patients with a prognosis of 6-12 months to debate and discuss the methodological, ethical and other relevant issues that have to be considered when undertaking research with patients who have a poor prognosis. This session will dispel some of the anxiety and myths that exists amongst health care professionals wishing to undertake research with patients with a poor prognosis. It will also provide strategies that will ensure that the research undertaken is beneficial for all involved.

Recommended reading:

- Efficace F & Bottomley (2003) Reflection & Reaction Assessing HRQOL: a neglected issue for high grade glioma, *The Lancet*, 4, 11-12
- Addington Hall J (2002) Research sensitivities to palliative care patients, *European Journal of Cancer Care*, 11, 3, 220-224.
- Davies E, Hall S, Clarke C, Bannan M & Hopkins A (1998) Do research interviews cause distress or interfere in management, *Journal of Neuro Oncology*, 32, 5, 406 -411

1.7.3 Critical application of Johari Window in the development of clinical nurse specialist practice using existentialist narrative inquiry

Elizabeth Henderson, Network Lead
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Ireland

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Abstract:

This article explores the work of seven clinical nurse specialists in developing a shared vision for their role, identifying their own development needs and evaluating changes in their practice. The Clinical Nurse Specialists worked with a facilitator over a fifteen-month period to critically inquire into their practice, through a process of integrated developmental and data collection techniques. The project is located within an emancipatory practice development methodology underpinned by critical social science and existentialist philosophy set within the narrative framework of Frank (1995). Narrative inquiry offered an approach to this study since it begins with experience as lived and told in stories. Not only is it about listening to stories articulated but in addition people are viewed as embodied stories that are unfolding over time, shaping and being shaped by the social and cultural context (Clandinin & Connelly, 2000). Acknowledgement of context is consistent with our conceptualisation of practice development in its concern for the impact of culture and context on practitioners' effectiveness (Kitson et al., 1998). Johari Window is actively adopted as a heuristic device to enable individual and group insight. A conceptual framework for this practice development programme is also presented. Main findings show that the developmental processes used have enabled clinical nurse specialists gain greater insight into the role of the clinical nurse specialist. The impact of the programme includes significant learning about self, about self in relation to others, and self within workplace culture and context. Participants report the pain of the journey and changes in perspectives that have occurred. Finally the impact on the role is reported, as is the impact on practice.

Recommended reading:

- Clandinin, D.J., Connelly, F.M. (2000) 2nd edition, Narrative Inquiry: Experience and Story in Qualitative Research. San Francisco: Jossey - Bass.
- Kitson, A., Harvey, G., McCormack, B. (1998) Enabling the implementation of evidence based practice: a conceptual framework. *Quality in Health Care*, 7, 149-158.
- Frank, A.W. (1995) *The Wounded Storyteller: Body, Illness and Ethics*. London: University of Chicago Press.

1.8.1 Can one predict who will drop out of nurse education?

Laurence Moseley, Professor of Health Services Research, School of Care Sciences, University of Glamorgan, Pontypridd, Wales. Co author: Donna Mead

Abstract:

Attrition has been a concern for many years. Many studies have been made of a causative nature,

i.e. to elicit the reasons why students discontinue prematurely. Most of these studies have been at best partially successful, for three reasons. Firstly, the data have usually come from exit interviews or other data from students who have withdrawn. In such cases, there is a serious danger of receiving merely post hoc rationalisations. Secondly, one needs a research design which does not merely describe the characteristics of failing students, but in addition compares them with successful students. Thirdly, the reasons quoted are often the "last straw" - the most recent and most salient ones, often in a long and multivariate chain of causal factors. When you look at how many factors there might be (finance, academic failure, travel, difficult semesters etc and the combinatorial complexity of the number of ways in which these factors might combine it is little wonder that general measures do not have complete success (although clearly they do have some success). We have adopted a different approach, applying a rule induction package to our routine databases to try to predict which students will drop out, before they do so. Our training sample consisted of 528 students and 3,768 semester experiences. The method generates predictive rules with no human intervention. On unseen test sets, the simple accuracy was over 90%, sensitivity ranged from 85-97%, while specificity ranged from 53%-61%. Our next stage will be to compare the performance of the machine's prediction with those of predictions made by experienced tutors. For such a system to be used routinely, the quality of database recording needs to be very high.

Recommended reading:

- Jones G, McNabb R (2004), Never give up on the good times: Student attrition in the UK, *Oxford Bulletin of Economics and Statistics*, 66 (1): 23-47 Feb 2004
- Baylis P (1999), Better health care with data mining, SPSS Inc. 1999
- Kinsella FE, Williams WR, Green BF (1999), Student nurse satisfaction: implications for the common foundation programme, *Nurse Education Today*, 19 (4): 323-333 May 1999

1.8.2 A comparison of stress levels experienced by first and second year nursing students: in Northern Ireland

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University Belfast, Northern Ireland

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Abstract:

This correlational study, aimed to explore the differences in levels of stress experienced by first and second-year, nursing students. The study achieved a 96% (N=288) response rate and employed two validated questionnaires: Student Nurse Stress Index (SNSI) (Jones & Johnston, 1999) and Marlowe-Crowne Social Desirability scale (MC-SDS). Previous research has highlighted that nursing students experienced greater stress than general college population (Beck & Srivastava 1991, Jones & Johnston 2000) and the literature review revealed that the main sources of stress were in the academic and clinical settings. The findings of this study indicated that the first-year students experienced higher levels of stress than the second-year students. The results from the SNSI with twenty-two close-ended questions, both student cohorts reported the most stressful situation was "fear of failing in course:" 89% (n=106) first-year

and 80% (n=135) of second-year students. In contrast, the least stressful situation was "relationships with parents:" 74% (n=62) first-year and 73% (n=123) of second-year students. In relation to the four factor analysis of SNSI, the "interface worries" was the factor that caused the most stress for first and second-year students. Both cohorts of students perceived the similar levels and sources of stress, reflecting the reliability and validity of the measurements for this study. There was no correlation between the SNSI and the MC-SDS: the lack of any relationship between the SNSI and the MC-SDS suggested that responses on the SNSI are not influenced by concerns relating to social desirability. Stress in nursing students has been correlated with poor academic performance. This paper will highlight lessons for nurse educators in terms of understanding the causes of stress and for nursing students and also those factors which enable them to cope better. The findings of this study could be strengthened through collaborative research with colleagues in different countries.

Recommended reading:

- Beck DL, Srivastava R 1991 Perceived level and sources of stress in baccalaureate nursing students. *Journal of Nursing Education* 30(3):127-133
- Jones MC, Johnston DW 2000 Reducing distress in first level and student nurse: a review of the applied stress management literature. *Journal of Advanced Nursing* 32(1):66-74
- Jones MC, Johnston DW 1999 The derivation of a brief student nurse stress index. *Work & Stress* 13(2):162-181

1.8.3 The evolution of identity in the transition from student to nurse: The Maltese neophyte nurses' experiences

Michelle Camilleri, Lecturer, Department
of Nursing, Institute of Health Care,
Msida, Malta

✉ Michelle.camilleri@un.edu.mt

Abstract:

The aim of this paper is to describe what it means to be a nurse through the evolution of professional identity as experienced by new graduate nurses in Malta through the transitional passage from student to work. The reality shock in changing roles from school to work is well documented in the literature, with the associated learning, experiences and traumas. A case study approach was utilised whereby through purposive sampling ten participants were selected from one cohort of students graduating from the undergraduate course. All volunteered to participate. The participants were interviewed at five stages: beginning with the first interview prior to completion of their studies until they had completed 18 months of practice. For the purpose of this paper, the data obtained from the first three stages of the study will be used. The findings will focus on the subjective aspects of professional identity, including the personal and organisational aspects. Identity is developed through an awareness of the self, the expected role as well as the specific cultural and work based context within which these nurses work. The impact of these findings contributes to the expanding knowledge about professional identity as well as developing an understanding of cultural and temporal contexts of professional socialisation.

Recommended reading:

- MacIntosh J. (2003) Reworking professional nursing identity, *Western Journal of Nursing Research*, 25 (6): 725-741
- Melia, K. (1987) *Learning and Working, The Occupational Socialization of Nurses*, London: Tavistock Publications
- Marton, F. & Booth S. (1997) *Learning and Awareness*, New Jersey: Lawrence Erlbaum Associates Publishers

I completed my undergraduate nursing degree at the University of Malta. In 1998 I pursued a Masters degree at the University of Nottingham, UK. In 2000, I worked in New Zealand and during this time, started a PG diploma in Adult Education through Massey University in Wellington. My clinical work experience includes Emergency nursing in Malta (including pre-hospital care), Nottingham, UK and Wellington, New Zealand. I am currently a part-time doctoral student with Professor Peter Jarvis at the University of Surrey, UK. I returned to Malta in 2001 to take up the position of lecturer at the University of Malta.

15.45 – 16.45

Concurrent session 2

2.1.1 A cluster-randomised controlled trial to evaluate a policy of making hip protectors available to residents of nursing homes

Peter O'Halloran, Lecturer, School of Nursing, Queens University, Belfast, Northern Ireland. Co authors: G W Cran, T R O Beringer, WG Kernohan, C O'Neill, J Orr, L Dunlop, L J Murray

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Abstract:

Introduction: Following promising results from early trials (Lauritzen, et al 1993; Kannus et al 2000), the effectiveness of hip protectors in preventing hip fracture has not been established.

Objectives: To evaluate the effectiveness of a policy of making hip protectors available to residents of nursing homes.

Design: A cluster randomised controlled trial of the policy in nursing and residential homes in the greater Belfast area of Northern Ireland, with the home as the unit of randomisation. Sample size was calculated on the basis of a 40 % reduction in the rate of hip fracture over 18 months (based on results from earlier studies), a ratio of control to intervention participants of 2:1, 80% power, and a significance level of 5%. Factoring in the cluster design effect (Ukounmunne et al 1999) gave sample sizes of 1217 participants in the intervention homes and 2435 in the control homes

Participants: Forty homes in the intervention group (representing 1,366 occupied beds) and 87 homes in the control group (representing 2,751 occupied beds). Intervention A policy of making hip protectors available free of charge to residents of nursing homes and employing a nurse facilitator to encourage staff in the homes to promote their use, over a 72 week period.

Main outcome measures: The rate of hip fractures in intervention and control homes.

Results There were 85 hip fractures in the intervention homes and 163 in the control homes. The mean fracture rate per 100 residents was 6.22 in the intervention homes and 5.92 in the control homes giving an adjusted rate ratio for the intervention group compared to the control group of 1.05 (95% CI 0.77, 1.43, p 0.76).

Conclusions: Making hip protectors available to residents of nursing and residential homes did not reduce the rate of hip fracture. This research does not support the introduction of a policy of providing hip protectors to residents of nursing homes.

Recommended reading:

- Kannus P, Parkkari J, Niemi S, Pasanen M, Palvanen M, Jarvinen M, Vuori I (2000) Prevention of hip fracture in elderly people with use of a hip protector. *NEJ*, 343: 1506-1513.
- Ukounmunne OC, Gulliford MC, Chinn S, Sterne JA, Burney PG (1999) Methods for evaluating area-wide and organisation-based interventions in health and health care: a systematic review. *Health Technol Assess*. 3(5):iii-92.
- Lauritzen JB, Petersen MM, Lund B (1993) Effect of external hip protectors on hip fractures. *The Lancet*, 341: 11-13.

2.1.2 A study of institutional Care for old people in Taiwan

Shu-Chen Wu, Lecturer at the Tzu-Chi College of Technology in Taiwan, PhD student at Leeds Metropolitan University, Leeds, England. Co authors: Keith Cash, Alan White and Sally Foster

✉ s.wu7756@student.leedsmet.ac.uk

Abstract:

Taiwan is a country that lays great emphasis on respect for the family and elderly people culturally. Therefore, the majority of elderly people in Taiwan are traditionally cared for at home until the end of their life. The high levels of industrialization inevitable bring with them greater urbanization, which have resulted in new living arrangements that often separate elderly people from their children and pose other physical constraints on family elderly care. In addition, changes in family structure, such as smaller families, increased life expectancy and more females working, limited the ability of the family to care for the elderly. As a result, nursing homes have been developed in Taiwan, and placing older family members in nursing homes is becoming an increasingly common practice. This study concerned the impact of these changes on how elderly people are care for in Taiwan. It used grounded theory to approach the issue of elderly care in institutions in three nursing homes for three months. Both formal and informal interviews and participant observation were used as the techniques for data collection. Forty elderly residents and sixteen relatives were recruited for the present study. Constant comparative analysis (Glaser & Strauss 1967) was used to perform the analysis of the data. Three larger categories were emerged from the data analysis; namely, the Changing Society; Families Experience, and Institutional Life Constraint. The findings of the study suggested that the structure of institutional care not only results in disruption of elderly people's cultural expectations, but it is also a violation of their relatives' filial obligations. Because this is a new issue for Taiwan, this research will contribute to providing information for the development of alternatives to nursing homes, such as the practice of community care that is common in the UK, and be an option for Taiwanese society.

Recommended reading:

- Glaser, B. G. & Strauss, A. L. (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Aldine de Gruyter: New York.

2.2.1 Learning effectively from qualitative research on drug administration errors

Gerry Armitage, Lecturer and Researcher Development Award Holder (DoH) 2004-7, Department of Nursing, University of Bradford, Bradford, England. Co author: Ian Hodgson

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Abstract:

The impact of a drug error, and any resultant adverse event can be significant. The human and financial costs are considerable. Establishing an accurate estimation of the frequency of adverse event and reporting rates has been challenging for medical error researchers; additionally, methodological weaknesses in this type of research have sometimes caused further difficulties. Unsurprisingly, observational studies and for that matter, a whole range of

other methods have now been considered in the quest to establish both understanding and predictability regarding medical error. Observational methods as part of a qualitative approach have been specifically employed in the study of drug error and have undeniable strengths. This paper will examine some recent British research on drug administration errors raising a number of ethical, and tangentially, methodological issues concerning the qualitative study of drug errors within British National Health Service hospitals. The views and ethical conduct of other qualitative researchers are provided to contextualize the discussion. It is argued that any participants in medical error research should be treated in a way that takes account of the culture of health care and in Britain - the current ethos of government policy on medical error. It is suggested researchers gain informed consent; promote transparency in method; and provide the opportunity for participants to learn. Effective error researchers can clearly increase the available knowledge in this critical area but ethical considerations and their chosen methods should show an appropriate level of respect for their participants. Carefully implemented qualitative approaches can help realise such respect. It is hoped the debate provoked by this paper will provide a greater awareness of medical error research and the inherent risks and benefits to all those involved.

Recommended reading:

- Armitage G. & Hodgson I.J. (2004) Using ethnography (qualitative methods) to investigate medication errors: a critique of a published study. *NT Research* 9, (5) 2-9
- Taxis K. & Barber N. (2003) Ethnographic study of Intravenous Drug Errors. *British Medical Journal* 326, 684-7
- Armitage G. Drug errors, qualitative research and some reflections on ethics. *Journal of Clinical Nursing*, IN PRESS

2.2.2 Attitudes, beliefs and knowledge in nurses pre and post the implementation a computerised system to communicate medication errors

Teresa Diaz Navarraz, Nurse Manager, Department of Quality, Clinica Universitaria de Navarra, Pamplona, Spain. Co author: Elena Beortegui

✉ tdiaz@unav.es

Abstract:

Background: The Nursing activity of greatest risk is that which derives from medication administration, in case error exists. To communicate errors requires a change of culture that favours communication, the rejection of penalisation for committing them and the adoption of an active posture in the face of this reality.

Objectives: To gather information about the beliefs, attitudes and practice of the nurses with regard to medication administration and its error pre and post the implementation of a computerised register to communicate errors. To educate in the importance of communicating errors to improve systems.

Method: Sample: n=310 nurses of a Teaching Hospital in Navarre Instruments: A base line questionnaire, inquiring about beliefs, attitudes and knowledge of the nursing personnel with regard to medication errors. A presence seminars was given to all nurses referring to the importance of communicating errors and a practical demonstration of using

a computerised system to communicate errors. A 2nd questionnaire measured changes about beliefs, attitudes and knowledge.

Statistical Analysis: Descriptive statistic and logistic regression. Approval has been obtained from the Ethic Committee.

Results: Preliminary findings suggest that there is a change in the beliefs of the cause of an error of medication. Nurses show a positive attitude in communicating errors. Most of the nurses have a partial knowledge about the causes, mechanisms and circumstances of medication errors and ask for training. Nurses communicate error using the new system although most of them were related to dispensing and prescribing rather in administration.

Conclusions: The implementation of an anonymous system of notification of medication errors evidences failures in the system. To evaluate them permits us to improve the system and therefore to decrease errors. Nurses training and formation in medication administration is needed.

Recommended reading:

- Kohn, L., Corrigan, J., Donaldson, M. (2001) *To Err is Human*. National Academy Press. Washington.
- Donabedian A. (2003) *An introduction to Quality Assurance in Health Care*. Oxford University Press. Oxford. UK.
- Yamagishi, M., Kanda, K., Takamura, Y. (2003) Method developed to elucidate nursing related adverse events in Japan. *Journal of Nursing Management*, 11 (3), 168-76.

2.3.1 Care pathways do they make a difference? Nurses perceptions of its impact of the Liverpool care of the dying pathway in the acute hospital setting

Barbara Jack, Senior Lecturer, Department of Health Studies, Edge Hill College/Marie Curie Centre Liverpool, Liverpool, England. Co authors: Maureen Gambles, Deborah Murphy & John Ellershaw

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Abstract:

Background: The last decade has seen the widespread development of care pathways in many areas of healthcare provision across the UK. Approximately 56% of cancer patients die in hospital and in order to transfer the hospice model of care for the dying patient into other settings, the Liverpool Care of the Dying Pathway (LCP) was developed. (Ellershaw and Wilkinson, 2003). This multiprofessional pathway provides an evidence based framework for the dying phase. Providing guidance on the different aspects of care required including: comfort measures, anticipatory prescribing of medication, and discontinuation of inappropriate interventions. Additionally psychological and spiritual care and family support is included. However, little evidence exists to illustrate the views of nurses regarding the impact of the LCP. The aim of this study was to explore nurses' perceptions of the impact of the LCP in the acute hospital setting.

Methodology: A qualitative methodology using focus group interviews was adopted for the study to enable group discussion and interaction to take place (Bloor et al 2001, Vaughn et al 1996). A purposive sample of palliative care network nurses familiar with the LCP were invited to participate in

the study. 15 ward based nurses from across the hospital participated in two audio taped focus groups. Data was analysed for emerging themes using thematic analysis.

Results and Discussion: The results suggest that generally nurses have found the LCP has a positive impact on patients including reducing inappropriate routine care, enhanced symptom control, and improved communication for relatives. Additionally participants reported the positive impact on doctors and nurses including increased confidence in their care of dying patients. A potentially negative factor concerning the barriers to its usage was also highlighted. This paper discusses the results and explores potential reasons for the findings.

Recommended reading:

- Bloor M, Frankland J, Thomas M, Robson K (2001) *Focus Groups in Social Research* Sage Publications, London.
- Vaughn S, Schumm J, Sinagub J. (1996) *Focus Groups Interviews In Education and Psychology*. Sage Publications London.
- Ellershaw JE, Wilkinson S (Eds) (2003) *A Pathway to Excellence*. Oxford University Press. Oxford

2.3.2 Pathways to innovation in health care

Sara Christian, Research Associate, Nursing Research Unit, King's College London, England. Co authors: Sally Redfern & Fiona Ross

✉ sara.christian@kcl.ac.uk

Abstract:

This paper reports on a study funded by the NHS to implement and evaluate an evidence-based practice development programme in health service settings, known as the STEP (South-Thames Evidence-Based Practice) project. Nine projects focused on different clinical topics and were based in an acute or community NHS trust and a university department operating in partnership. A project leader was appointed to drive the change in each project. Each was evaluated locally and all nine projects were evaluated concurrently by an independent evaluation team. The broad aim of this paper is to explore the STEP projects' routes to innovation. Specifically, the aims are to investigate the process of change and its impact on adherence by practitioners to new guidelines for change. The findings are discussed within a framework of organizational innovation in relation to context, process, and impact. Data from multiple sources are analyzed and synthesized drawing from Van de Ven et al's (1999) empirically-grounded theoretical model of 'the innovation journey'. This model attempts to understand and explain the tangled process of organizational change in terms of a 'road map'. Key findings of their work refute the rational, linear, stage process of change. Instead, they suggest that, in complex, unstable organizations, the process of change is likely to follow a non-linear pattern of convergent and divergent activities with shocks, setbacks, loss of control and luck exerting an influence on the initiation, development and implementation processes. We will present and explore the routes to innovation within each of the nine STEP projects and the nature of any setbacks and facilitators encountered. We hope to demonstrate how Van de Ven's model can help us to further understand the chaotic pathways to and process of change in clinical practice.

Recommended reading:

- Van de Ven A. Polley D. Garud R. Venkataraman S (1999) *The Innovation Journey*. Oxford University Press, New York

2.4.1 Evaluating the impact of a tailored training programme on co-existing substance misuse and mental health problems: a randomised controlled trial

Hazel Watson, Professor of Nursing, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, Scotland. Co author: Alison Munro

Abstract:

The co-existence of substance misuse and mental health problems is a complex and increasing phenomenon (Crome 1999, Ley et al. (2000) and presents a major challenge to the health, social and fiscal services. There is evidence to suggest that staff who provide care for such individuals may not possess the necessary knowledge, attitudes, or skills to enable them to work effectively with this client group (McLaughlin and Long 1996). This paper will present findings from a randomised controlled trial of a training programme that was designed to meet the education needs of nursing staff who provide care for this client group. A random sample of 49 nurses consented to participate in the study. Participants' knowledge of pertinent issues and their attitudes to working with people with co-existing problems were assessed on three occasions: 1. Immediately prior to delivery of the programme, 2. Immediately after the programme, and 3. Six months after completion of the programme. Pre-test data were collected from all 49 nurses, and data were available from 39 and 31 participants at the two post-test time-points. T-tests, Mann Whitney U tests, and Wilcoxon Signed Rank tests were used to determine differences between scores attained by each group and over time. Findings indicated that attending the programme resulted in statistically significant improvements in knowledge and attitudes. The results and recommendations which arose from the study will be presented, together with a discussion of its limitations and its contribution to nursing knowledge.

Recommended reading:

- Crome, I. B. (1999) Substance misuse and psychiatric co-morbidity: towards improved service provision. *Drugs: Education, Prevention and Policy*. Vol. 6 (2) pp. 151 – 174.
- McLaughlin, D. and Long, A. (1996) An extended review of health professionals' perceptions of illicit drugs and their clients who use them. *Journal of Psychiatric and Mental Health Nursing*. Vol. (3) pp. 283-288.
- Ley A., Jeffrey D. P., McLaren S., Siegfried N. (2000) Treatment programmes for people with both severe mental illness and substance misuse. *The Cochrane Library* (Oxford) Issue 3.

2.4.2 Concordance with antidepressant medication. Influences on decision making by people treated for depression in primary care

Frances Badger, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England. Co author: Peter Nolan

✉ f.j.badger@bham.ac.uk

Abstract:

Promoting concordance with treatment is a concern for all health practitioners. This is particularly true for treatments which require a maintenance phase of therapy after recovery, such as antidepressants (Donovan & Blake 1992). Lack of concordance may result in people recovering more slowly and suffering for longer. Extension of prescribing to nurses and pharmacists and the continued rise in the use of prescribed antidepressants necessitates developing the evidence base on prescribing and medication management for depression in primary care (NICE 2003). It is essential that this evidence draws upon the experiences and beliefs of people who have been treated for depression (Horne & Weinmann 1999). This research aimed to help identify the factors which promote concordance with antidepressants. A purposive sample of people who were registered with one of four practices and who had been recently treated for depression and fulfilled the study criteria were invited to participate. The overall response rate of 34% possibly indicates the stigma still associated with depression. Semi structured interviews were conducted with 60 people about their care during their recent illness. Interviews explored information provided by practitioners, treatment choices, people's attitudes towards antidepressants, medication management and people's evaluations of the contribution of the components of care towards their recovery. Data were analysed using thematic content analysis. Influences upon people's decisions to concord with medication fell into four broad areas: their beliefs about and experiences of medication for depression; the role of and relationship with health practitioners; factors related to their illness and the wider context of depression. Importantly, people wished to know how the medication worked and why it had been chosen for them. The presentation will develop and discuss each of these themes and draw out the implications for practitioners involved in medication management and prescribing.

Recommended reading:

- Donovan J & Blake D. (1992) Patient non-compliance: Deviance or reasoned decision making? *Social science and medicine* 34: 507-513.
- NICE (2003) *Depression: the management of depression in primary and secondary care*. National collaborating centre for mental health, commissioned by NICE: London
- Horne R & Weinmann J. (1999) Patient's beliefs about prescribed medicines and their role in adherence to treatment in chronic physical illness. *Journal of psychosomatic research* 47: 555-67.

2.5.1 Ideal nurses: The social construction of emotional labour

Deborah Mazhindu, Principal Lecturer, Research, School of Nursing, Faculty of Health & Social Care, Liverpool John Moores University, Liverpool, England.

Abstract:

This paper discusses how a primary research (Mazhindu 2004), which identified a range of types of emotional labour, using reflection on practice as a key to unlock the doors of professional practice to examine the working worlds of professional nursing, is being tested empirically. Emotional labour was identified as a social construction of caring inductively using grounded theory (Glaser 1992) from the perspective of trained nurses, in both acute and community settings. Initially, thirty-six participants recruited through purposive sampling, were asked to reflect on their practice and had in-depth interviews cassette tape-recorded. Data collection involved the researcher as a research tool, field-notes, participant observations and criteria elicitation exercises to gather and polarise participants' perceptions. Data collected were compared constantly with espoused theory within the literature regarding emotional labour. Data analysis led to a typology based on how participants managed (or not) their feelings of conflict, whether they felt able to make a difference (or not), feelings of control (or not) of their emotions and of the situation being described. This paper presents a typology of six main types of emotional labour, and demonstrates how participants managed the many crucial components of emotional labour and matched their descriptions of feelings on a range from completely exhilarating to deeply disturbing. 1. Complete engagement, 2. Actively spectating 3. Automatic pilot 4. Going through the emotional aspect 5. Passively spectating 6. Complete removal The impact of positive and negative feelings on the participant's ability to present an "ideal nurse" image in their public and professional lives is described. This theory is currently being tested empirically through a larger, multi-professional, 2-year research. The typology differs markedly from previous conceptions of emotional labour (Hochschild 1983), provides new knowledge about the emotional labour concept, challenges current experiential learning strategies in higher education and provides a unique insight into nursing service delivery.

Recommended reading:

- Glaser, B.G. (1992) *Basics of Grounded Theory Analysis*. Sociology Press, Mill Valley CA
- Mazhindu, D M (2004) *Ideal Nurses: the Social Construction of Emotional Labour*. The European Journal of Psychotherapy, Counselling and Health. *6 (3) December 2004, pp: 1-20 (*Date due for publication).
- Hochschild, A. (1983) *The Managed Heart: Commercialisation of Human Feeling*. Berkeley; University of California Press.

2.5.2. Exploring the emotional labour within PALS

Julienne Meyer, Professor, Adult Nursing, City University, London, England. Co authors: Anne Lanceley, Jane Bentley & Stephen Abbott

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Abstract:

This paper reports on the lessons learnt from the establishment of Patient Advice & Liaison Services (PALS) across all healthcare trusts in London. The NHS Plan (DoH, 2000) created PALS to provide information, solve problems, and drive user-led change. The study comprised an in-depth analysis of six case studies of London PALS (2 acute, 2 primary care, 1 mental health, and 1 specialist trusts). Data sources include focused discussion group forums, and one-to-one interviews with PALS providers, service users and their representatives, and trust and PALS documentation in each of the six sites. A process of "crystalisation" was used to analyse the data (Richardson, 2000). Throughout the study, synthesised findings from the case studies were fed back to other London PALS to explore their resonance and relevance to other NHS trusts. Findings suggest that the context in which PALS operate is characterized by organizational instability, boundary disputes, variable management support, resource limitations, financial insecurity, and multi-site working. Further the role of PALS officers is characterized by problem diversity, overlap with complaints, monitoring problems, relationship building, and 'serial users'. Drawing on Hochschild's (1983) notion of the "The Managed Heart", this paper focuses on the unrecognised and unrewarded components of working in Patient Advice and Liaison Services. Given that PALS is at the forefront of the modernisation agenda, findings should be of interest to other nurses interested in health services research, practitioners and managers working in the NHS and policy makers trying to change the NHS culture to a more person-centred service.

Recommended reading:

- DoH (2001) The NHS Plan London: Department of Health
- Richardson, L (2000) "Writing: a method of inquiry". In Handbook of qualitative research, 2nd edn, N.K.Denzin & Y.S. Lincoln, eds., Thousand Oaks: Sage pp.923-948
- Hochschild, A.R. (1989) The Managed Heart: Commercialisation of Human Feeling. Berkeley: University of California Press

2.6.1 Methodological issues experienced in administering paediatric quality of life questionnaires

Sam Rogers, Research Associate, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England. Co authors: Linda Milnes and Peter Callery

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Abstract:

Background: One important outcome measure of paediatric asthma management is the improvement of children's health related quality of life (British Thoracic Society and Scottish Intercollegiate Guidelines Network, 2003). Reported differences between children's and parents' estimates of quality

of life (Guyatt et al,1997) make it necessary to obtain information directly from children. A Paediatric Asthma Quality of Life Questionnaire (PAQLQ) (Juniper et al, 1996) has been validated with children aged 7 – 17 in clinical contexts. However we have identified methodological issues that arose whilst administering the PAQLQ in community settings. The aim of this paper is to present these issues. Method: The PAQLQ was administered on a total of 150 occasions to 50 children aged 7 to 12 years in their homes. Children had a diagnosis of asthma and were attending clinics in primary and secondary care. Questionnaires were interviewer administered and completed at baseline, six weeks and three months from baseline. The interviewer observed methodological issues that arose during the administration of the PAQLQ and took field notes. Results: Preliminary analysis revealed several practical problems when administering the instrument including: securing consent from children, the validity of responses in repeated measures, children's understanding of the terminology used in the questionnaire and children's motivation to complete the questionnaire. Conclusions: Limitations for selection, use and analysis of the PAQLQ are considered. Methodological issues to be addressed in further development of existing and new instruments for assessing quality of life in children with asthma are identified. Intended Learning Outcomes: • To describe some of the complexities involved in using an existing quality of life instrument (the PAQLQ) • To examine some methodological issues in assessing quality of life in children with asthma

Recommended reading:

- British Thoracic Society & Scottish Intercollegiate Guidelines Network (2003): British Guidelines on the Management of Asthma. Thorax. 58, i1-94
- Juniper E.F., Guyatt G.H., Feeny D.H., Ferrie P.J., Griffith L.E. & Townsend M. (1996): Measuring quality of life in children with asthma. Quality of Life Research 5, 35-46
- Guyatt G.H., Juniper E.F., Griffith L.E., Feeny D.H. & Ferrie P.J. (1997): Children and adult perceptions of childhood asthma. Pediatrics 99, 165 -8

2.6.2 Newly diagnosed childhood diabetes: a psychosocial transition for parents?

Lesley Lowes, Research Fellow/Practitioner (Paediatric Diabetes), School of Nursing and Midwifery Studies, University of Wales College of Medicine, Cardiff, Wales. Co authors: John Gregory & Patricia Lyne

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Abstract:

Background: A diagnosis of childhood (type 1) diabetes is an anxious and distressing event for the whole family. Little is known about the experience of parents of newly diagnosed children as they cope with and adapt to their new situation. Parkes' Theory of Psychosocial Transition (Parkes, 1988) proposes that life-change events, or 'psychosocial transitions', require people to undertake a major revision of their assumptions about the world. The relevance of this theory to adjusting to a diagnosis of childhood diabetes has not been explored.

Aim: This paper reports a study to gain a new theoretical understanding of parental grief responses and the process of adaptation to a diagnosis of childhood diabetes.

Method: Forty in-depth interviews were undertaken with 38 parents of 20 newly-diagnosed children. All

parents meeting the sampling criteria during the recruitment period were invited to participate and all consented. The data were subsequently examined using the framework of the Theory of Psychosocial Transition. Findings: Before diagnosis, most parents associated their child's symptoms with normal childhood illnesses. The unexpectedness and speed of the diagnosis left all parents ill-prepared to deal with the situation. Their world suddenly changed, leaving them insecure and uncertain about the future. Diabetes intruded emotionally and practically upon all of their lives. Parents successfully adjusted and adapted their lives and rebuilt a new model of the world to accommodate their child's diabetes. However, this dynamic process has no guaranteed endpoint for parents.

Conclusions: A diagnosis of childhood diabetes leads to a psychosocial transition for parents. The concept of transition provides a logical explanation of parents' responses to loss, and allows increased understanding of the grieving and adaptation processes experienced by parents of children diagnosed with a chronic condition such as diabetes. This knowledge should help healthcare professionals to assist parents in the period of transition.

Recommended reading:

- Parkes C M (1988) Bereavement as a psychosocial transition: processes of adaptation to change. Journal of Social Issues 44 (3), 53-65

2.7.1 Some viewpoints on transcultural nursing on exchange: student nurses' perceptions

Raija Kokko, Senior Lecturer, Department of Nursing, School of Health Care, Tampere, Finland

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Abstract:

Background: In all European Union countries nursing education is organized by EU-directives. In the Finnish nurse education, exchange studies are used as a method to learn transcultural nursing and also to acquire international knowledge, and language skills needed in nursing. Transcultural nursing means here nursing, which takes into account the patient's cultural background. According to literature student exchange has previously been researched mostly from the perspectives of internationalisation and cognitive development. However, the amount of empirical research exploring European student nurses' experiences on their exchange from transcultural nursing perspective is limited.

Aims of the study: This paper is part of a larger research project aimed at studying nurse education, teaching and curriculum development in transcultural nursing. The purpose of the present study was to explore student nurses' experiences on their exchange in transcultural nursing. As the exchange studies are a part of nurse education's curriculum and a teaching method, it was important to acquire knowledge about the student nurses' experiences from transcultural nursing perspective.

Method. A qualitative approach was used. The data, which were collected in 1999 and 2002 in Britain and in Spain, consisted of student nurses' diaries (30) and interviews (N=10), which were analysed using content analysis. Leininger's Culture Care Model was used as a tool in data gathering.

Findings. The core category was cultural diversity in nursing. The subcategory, similarities and differences in nursing, appeared especially in daily rituals, asepsis, rituals in death and dying,

pain management and staff roles in nursing. Family centredness as a value was intertwined with these categories and all these categories were interrelated. The student nurses thought they could benefit from the knowledge acquired through the exchange experience in the future. They wanted to adopt family centredness to their own nursing. According to the student nurses their ability to carry out transcultural nursing had improved via exchange.

Conclusion: Student exchange provides an opportunity for student nurses coming from a country with few minorities to enhance their knowledge base needed in transcultural nursing. **Key words :** student exchange, transcultural nursing, qualitative content analysis

Recommended reading:

Watt S., Law K., Ots U. & Waago K. (2002) Reflections across boundaries: The European Nursing Module. *Journal of Advanced Nursing*, 318-324

Leininger M. (1991) *Culture Care diversity & Universality: A theory of nursing*. National league for Nursing Press, New York.

Koskinen L. (2003) To survive, you have to adjust. Study abroad as a process of learning intercultural competence. *Oulu University, Oulu*.

Watt S, Law K, Ots U & Waago K Reflections Across Boundaries: The European Nursing Module. *Journal of Transcultural Nursing*, 4, October 2002, 318-324.

Koskinen L. To survive, you have to adjust. Study abroad as a process of learning intercultural competence in nursing. *Kuopio University Publications E. Social Sciences* 101, 2003.

2.7.2 An evaluative study of first year nursing students perceptions, opinions and attitudes towards the objective structured clinical examination as a means of assessment of clinical skills

Deborah Rainey, Nurse Lecturer, School of Nursing & Midwifery, Queen's University, Belfast, Northern Ireland.

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Abstract:

Since the publication of the Fitness for Practice Report (1999) nurse education within the United Kingdom had to be reviewed. The report identified that upon qualifying nurses did not possess the practical skills expected of them. Knight and Mowforth (1998) established that students themselves felt the lack of practical skills, which subsequently lead to feelings of stress. Peach (1999) stated that more robust methods of practice assessment were required. To address this issue the university in this study implemented a dual approach to assessment by assessing clinical skills in clinical area, as well as within a clinical skills laboratory within the university. The Objective Structured Clinical Examination (O.S.C.E.) formed the assessment that took place in the university. Norman et al (2000) support this approach stating that assessment should be achieved by continuous assessment in practice and the use of Objective Structured Clinical Examination (O.S.C.E). The aim of this study was to evaluate from the nursing students' opinions, perspectives and attitudes towards this form of assessment. The research method adopted was a descriptive survey. The questionnaire was given to 237 nursing students who undertook the O.S.C.E. as a summative assessment at the end of their foundation programme. The results demon-

strated the students practised the range of clinical skills they could be tested on whilst in clinical placement. An interesting finding was that many of the students were not assessed by their mentors practising the clinical skills. Overall the students found this process of assessment stressful but the majority found it a learning experience, which reinforced previous learning. The study concludes that the O.S.C.E is a valuable means of assessing clinical skills as it motivates the students to practise them and reinforces their previous learning

Recommended reading:

• Knight, C.M. and Mowforth, G.M. (1998) Skills centre: why we did it, how we did it. *Nurse Education Today* 18 pp 389 - 393.

• Peach, L. 1999. *Fitness for Practice: The UKCC Commission for Nursing & Midwifery Education*. United Kingdom Central Council for Nursing, Midwifery &

• Norman, I. Watson, R. Calman, L Redfern, S. Murrells, T (2000) Evaluation of the Validity and reliability of methods to assess the competence to practise of pre registration nursing and midwifery students in Scotland. *National Board for Nursing, Midwifery*

2.8.1 Taking a critical look at practice development: a two part study

Robert Garbett, Research Fellow, Nursing Development Centre, University of Ulster & Royal Hospitals Trust, Belfast, Northern Ireland. Co author: Brendan McCormack

✉ robert.garbett@royalhospitals.n-i.nhs.uk

Abstract:

This paper will present the conclusions of a critical exploration of practice development that has focused on reaching a deeper understanding of the theoretical and political foundations of this approach to change. The initial phase consisted of a concept analysis using multiple sources of data (interviews [n=31 sampled purposively] and literature [172 items located using a systematic search]) and developed a framework for understanding practice development that has since been used to guide practice development education and work. However, concept analysis work has been critiqued for its lack of attention to 'fragmentations, tensions and processes of conflict suppression' (Alvesson and Deetz 2000) and for therefore providing an account that aids comprehension rather than critique. In the light of this we have developed a methodological framework drawing on critical social science and the concept of governmentality (Dean 1999). In line with previous work (Manias and Street 2000) we argue that this approach provides the opportunity to use the fresh insights provided by a 'post modern' reading of data while maintaining a commitment to providing the basis for more effective practice. The framework has been used to guide a reflexive reading of the practice development literature examining how practice development activities are constructed in terms of purposes, activities, contexts and consequences for the actors involved and to look at whose voices are privileged in the conduct and reporting of practice development. A theoretical framework for practice development will be provided that locates the approach within social, organisational and political theory. The framework has been designed to enhance the reflexivity of those undertaking practice development activity.

Recommended reading:

- Alvesson, M. and S. Deetz (2000). *Doing Critical Management Research*. London, Sage.
- Manias, E. and A. Street (2000). "Possibilities for critical social theory and Foucault's work: a toolbox approach." *Nursing Inquiry* 7(1): 50-60.
- Dean, M. (1999). *Governmentality: Power and rule in modern society*. London, Sage.

2.8.2 Developing person centred rehabilitation

Robert Garbett, Research Fellow, Nursing Development Centre, University of Ulster & Royal Hospitals Trust, Belfast, Northern Ireland. Co authors: Rosemary McDonald & Iris Harrison

✉ robert.garbett@royalhospitals.n-i.nhs.uk

Abstract:

For two years a programme of practice development work has been developed within a rehabilitation unit for older people. During this time two emphases have emerged: clarifying roles within the rehabilitation of older people and developing person centred approaches to working. The presentation will summarise work from 4 project strands currently under way. The work has involved elements of quasi-experimental and action research designs within a critical social science methodology (Manley and McCormack 2003). The emphasis has been on developing realistic and effective means of working with the values and beliefs of staff while ensuring congruity with policy and the views of multiple stakeholders. Outcomes to date include: Evidence to suggest improving nurse morale, stress and job satisfaction using validated psychometric instruments Evidence to suggest increased patient satisfaction using validated psychometric instruments and qualitative data Evidence to suggest the development of a culture in which practice is critically examined, questioned and developed using qualitative and activity data Establishment of multidisciplinary work to improve documentation of care, continuity of care, discharge planning and preparation for discharge using qualitative and activity data Establishment of measures to increase responsiveness to patient views through a users group and a study to incorporate older people's stories into the evaluation and guidance of practice development work. The presentation will use Manley's framework for understanding cultural change as a means of framing outcomes of the work (Manley 2000).

Recommended reading:

- Manley, K. and B. McCormack (2003). "Practice development: purpose, methodology, facilitation and evaluation." *Nursing in Critical Care*. 8(1): 22-9.
- Manley, K. (2000). "Organisational culture and consultant nurse outcomes: part 1 organisational culture." *Nursing Standard*. 14(36): 34-8.

2.9.1 Living with MS: The carer's perspective

Alison While, Professor of Community Nursing, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Lucia Mathes and Angus Forbes

✉ alison.while@kcl.ac.uk

Abstract:

Background: MS is a long-term neuro-degenerative disorder which impacts upon the individual and their family. There is consistent evidence of the persistence of poor service provision despite the need for support care.

Objectives: To describe carer activities undertaken and perceptions of support To describe carer burden and QoL experienced by carers To explore relationships between carer burden and QoL scores of carers and people with MS.

Method: A longitudinal cross-sectional postal survey was undertaken over 2 years (3 measures). The sample was recruited from 5 treatment sites across England. The carers (n=430) were nominated by MS patients (n=929) recruited to a large study. 127 carers declined participation. Data were analysed from 145 carers who had returned completed questionnaires on all 3 occasions. Bi-variate and multivariate analysis was undertaken using SPSS Version 11.

Findings: The extensive care burden of mainly male carers will be described together with the limited accessibility to support. Sources of support and their perceived helpfulness will be outlined together with health problems experienced in the last 12 months eg anxiety/stress, tiredness, back pain. Carer Burden (Given et al, 1992) scores and QoL (Ware et al, 1993) will be compared across the levels of disability of MS patients. The carer and patient ratings of services and professionals will be compared. The relationship between dyad Quality of Life scores and carer burden scores will be outlined.

Conclusion: Carers of people with MS are mainly men looking after spouses who have high levels of disability with little support. The carer role is associated with reduced health-related QoL. Carer psychological coping and patient physical functioning are important predictors of carer burden and may provide a means of identifying those in most need of support.

Recommended reading:

- Given B, Stommel M, Collins C (1992) The carer reaction assessment (CRA) for caregivers to persons with chronic physical and mental impairments. *Research in Nursing & Health*. 15: 271-283
- Ware JE, Snow KK, Kosinski M et al (1992) SF 36 health survey: manual and interpretation guide. Boston: Health Institute, New England Medical Center

2.9.2 A multi-method evaluation of the Multiple Sclerosis Society Funded Nurse Programme (MSSNFP)

Angus Forbes, Research Fellow, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Lucia Mathes and Alison While

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Abstract:

Background: Multiple Sclerosis (MS) nurse specialists are being promoted as a means of improving the health care provided to people with MS. This study was designed to assess the impact of a new programme of MS specialist nurses.

Aim: To identify the impact of the programme on MS health care provision and on the health and well being of people with MS.

Method: A quasi-experimental design was utilised comparing an intervention group(s) in which new MS nurse post were installed with a naturally occurring control group(s) that had no MS nurse posts. Data were collected prospectively before and after the appointment of the MS nurses on MS related health care, complications, QoL (SF36, FAMS) and disease impact (MSIS_29).

Findings: 616 people with MS participated. Information provision was higher in the intervention group, but no significant improvement was observed in information provision through time compared to the control group. Service quality showed significant improvement with an increase of the availability of a contact person and access to help in MS emergency in the intervention group. The only significant finding in relation to MS complications was a reduction in the incidence of pressure ulcers in the intervention sites. In relation to the disease and health related quality of life measures: the intervention group showed a significant worsening in physical symptoms compared to the control; and no differences were observed in relation to psychosocial well being and quality of life, although an improvement in mental health (SF36 mental health scale) was observed in some of the intervention sites for people with relapsing/remitting MS.

Conclusion: The MSSNFP was found to impact positively on the provision of MS related health care. However, there was very limited evidence that the changes instigated by the programme led to any improvements in disease related problems, impact or quality of life. Thus, while the MS specialist nurse role impacts on the process of care they have a limited effect on disease related outcomes.

Wednesday 9 March 2

10.00 – 11.00

Concurrent session 3

3.1.1 Discursive practices in the care of the agitated patient

Kate Irving, Lecturer, School of Nursing, University College Dublin, Ireland

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Abstract:

This session reports one case study that was part of a PhD research project. The research examined the care of an agitated, aggressive patient in an acute medical ward in Australia. This situation frequently results in care measures which cause conflict for nurses and according to the literature are ineffective in terms of alleviating agitation and may be harmful to the patient (Strumpf et al 1998, Molasitotis 1995). Such measures frequently include chemical, psychological or physical restraint (Irving 2004). The study unites two research methods, an in-depth case study and a Foucauldian approach to discourse analysis. The data collection included observations of the patient in the care environment (60 hours), interviews with members of the multi-disciplinary team (5) and analysis of medical and nursing records (entire admission). The analysis focussed on the power structures evident in the ward's physical and linguistic environment that condition which interventions are accepted as useful and legitimate and which interventions do not surface as discussable alternatives. The research found a number of discursive practices that maintain and legitimise the current reliance on measures presented in the literature as ineffective and harmful and which hospital staff themselves identify as ineffective. An important discursive practice is 'constituting the patient's inability to self-govern' and their resulting 'marginalization' from many services provided by the team. Through these discursive practices we can understand how staff perpetuate claims about the inevitability of extreme measures for extreme behaviours. With this understanding it is possible to consider alternative interventions from the literature, which may be more successful and less harmful to patients. These understandings also inform education with regards caring for agitated patients.

Recommended reading:

- Molasitotis, A (1995) Use of Physical Restraints . Consequences. *British Journal of Nursing*. 4, 31-39.
- Irving K (2004) Inappropriate Restraint Use in Australian Teaching Hospitals. *Australian Journal of Advanced Nursing*. June – August, 21, 4, 23-27.
- Strumpf N, Patterson Robinson J, Stockman Wagner J and Evans, L (1998) Restraint Free Care . Individualised Approaches for Frail Elders. Vol 1. Springer Publishing Co Inc, New York.

3.1.2 Congregational rituals in dementia: A qualitative analysis of a Christian prayer group

Patricia Higgins, Nursing Team Leader,
Downs Day Hospital, Sutton Hospital,
Surrey

✉ patricia.higgins@swlsty-tr.nhs.uk

Abstract:

Spiritual needs have been linked to religious beliefs and include seeking a deeper understanding of normal experiences and holding on to one's sense of personal identity. For people with dementia this may be more difficult because of problems with memory and communication. Participating in congregational activities may make it easier to cope with the losses that occur as a result of ageing and this benefit may extend to people with dementia (Lawrence 2003; Higgins 2003; Shamy 2003). In particular, religious rituals may evoke memories from childhood and reconnect the individual to their own identity. To attempt to address this need a weekly act of Christian worship, the Candlelight Group was set up for people with dementia who attend a day hospital. This project will examine the possible effect of this intervention by means of a systematic qualitative analysis. Ten people who regularly attend the service will be participating in the study. The aim is to investigate the meaning of the sessions of congregational prayer for the participants and provide some valuable insight into their experience of the religious service. This important area of holistic care is often overlooked. We hope to identify the relevant psychological and spiritual themes at the interface between religion and mental health in the experience of the individuals with dementia. The data will also provide background conceptual knowledge to instruct further intervention studies of a collaborative research group in spirituality, religion and mental health in older people. To date there are still relatively few studies that attempt to understand the experience of people with dementia from their point of view and even fewer (if any) specifically looking at their spiritual needs. The presentation will give the rationale for the study, describe the methodology and report on the findings.

Recommended reading:

- Lawrence RM (2003) aspects of spirituality in dementia care: when clinicians tune into silence. *Dementia: The International Journal of social Research and Practice*. 2(3): 393-402
- Shamy E (2003) A Guide to the Spiritual Dimension of Care for People with Alzheimer's Disease and Related Dementia. London: Jessica Kingsley
- Higgins P (2003) Holding a religious service for people with dementia. *Journal of Dementia Care*. 11(3): 10-11

3.2.1 Changes in rural children's eating and activity patterns over a five-year period

Patricia Canning, Professor, Department
of Education, Memorial University, St.
John's, NL, Canada. Co authors: Shirley
Solberg & Lynn Frizzell

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Abstract:

This study represents a sub-component of a larger study, Coasts Under Stress, examining how changes in society and the environment in coastal British Columbia and Newfoundland and Labrador,

Canada have affected the health of the people, their communities and the environment. We examined changes in the eating and activity habits of children living in coastal communities adversely affected by economic and social restructuring. This research is particularly important given the findings of a recent Canadian study which reported that greater than 25% of a preschool population was overweight or obese (Canning, Courage & Frizzell, 2004). Two-hundred and forty-two parents of children aged 2 to 18 years were interviewed. Parents provided background and demographic information and completed a food and activity questionnaire for each of their children. Parents were asked about the type and frequency of foods served and how the current pattern compared to five years earlier. Parents were also asked to report on their children's participation in physical activity and recreational programs. The changes in children's eating and activity over the five-year period will be discussed in relation to changes within families and within the economies and culture of the communities. The implications for public health nursing and health promotion professionals will be presented.

Recommended reading:

- Canning, P., Courage, M. & Frizzell, L. (2004) The prevalence of overweight and obesity in a provincial population of Canadian preschool children. *CAMJ*, 171(3), 240-242.

3.2.2 A survey of primary schools' use and perceptions of the school nursing service

Frances Badger, Research Fellow,
School of Health Sciences, University of
Birmingham, Birmingham, England.

✉ f.j.badger@bham.ac.uk

Abstract:

There is increasing concern about the public's health (Wanless, 2003) and the Department of Health has emphasised the importance of school nurses' roles in public health and proposed a framework for this (DoH 2001, DoH 2003). Children's health is not only a right but attention to their health can have a positive impact upon educational attainment (DoH 2001) and school nurses have a key place in addressing inequalities in children's health. Though young people and families are the end users of the SNS, their input is largely mediated via schools. Presently there is an absence of empirical data on schools' perceptions of the SNS and hence uncertainty about schools' reactions to the changing school nurse role. A schools' questionnaire was devised and special attention was given to the design in order to achieve a good response rate. Questionnaires were sent to all primary schools in one Birmingham PCT (n=70) and a 68.6% response rate achieved. Both quantitative and qualitative analyses were employed. School nurses were involved in a range of health promoting activities, typically input into education on healthy lifestyles, sex and relationships and emotional support. A majority of schools were satisfied with levels of SN input but one fifth requested more school nurse time. Deficits were identified in mental health input and drop in sessions were particularly requested. Overall, schools' concerns were in harmony with those of the SNS and nurses were perceived as accessible and an invaluable support to schools in a PCT with high health and social care needs. The presentation will summarise the study methods and focus on the findings, drawing out the implications for the future development of the public health role of the school nursing service.

Recommended reading:

- Department of Health. (2003) Tackling Health Inequalities. A programme for action. London, UK: Department of Health.
- Wanless D. (2003) Securing Good health for the whole population. Population health trends. London, UK: HM Treasury.
- Department of Health. (2001) School nurse practice development resource pack. London, UK: Department of Health.

3.3.1 Being a surgical nurse: How qualified registered nurses cope with working within the surgical area, a longitudinal study

Carolyn Mackintosh, Senior Lecturer,
Division of Nursing, University of
Bradford, Bradford, England

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Abstract:

The field of general adult nursing has seen the recent development of a proliferation of specialist roles, as well as the emergence of specific specialist nursing identities e.g. "I am a surgical nurse". However little information is available on how nurses decide which specialist area they choose to work within, and it is uncertain if the decision to specialise is made through choice or circumstance. This paper reports on the findings of a longitudinal study that uses repeated in depth semi-structured interviews over an 18 month period, on a convenience sample of 16 qualified registered nurses. It investigates what attracts these nurses to working within general surgical areas, and whilst working within these areas how they cope with the daily issues they are confronted with. Findings indicate that the nurses had specifically chosen to work within the surgical area attracted by perceptions of a faster pace of work, quicker patient turnover, and more technical procedures. Nurses were also attracted to surgical areas by the much higher rates of recovery experienced by these patients, and many actively chose to avoid working with chronic or terminally ill patients in other clinical areas which they perceived as more distressing. These findings were also closely linked to the coping skills exhibited by these nurses, predominantly their ability to normalise many of the situations they encountered on a daily basis, their ability to switch off, and their ability to differentiate between a professional and personal persona. The study concludes by considering the implications that these findings may have on practice, focusing on issues of how nurses cope with clinical practice and the impact of this on them personally, as well as on patient care, whilst questioning the continued development of nursing as a "caring" profession.

Recommended reading:

- Holden RJ (1991) An analysis of caring: attributions, contributions and resolutions. *Journal of Advanced Nursing*. 16 pp. 893-898.
- Shuval JT and Adler I (1980) The role of models in professional socialisation. *Sociology, Science and Medicine*. 147, pp 5-14.
- Nagy S (1999) Strategies used by burns nurses to cope with the infliction of pain on patients. *Journal of Advanced Nursing*. 29.pp. 1427-1433

3.3.2 A phenomenological study asking what makes doctors and nurses feel valued and not valued within their professional roles in an acute NHS setting

Kate Beaumont, Patient Safety Manager, National Programmes, National Patient Safety Agency, London, England

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Abstract:

This study set out to embark on a journey of discovery into the lived experience of feeling valued and not valued, for doctors and nurses, within their professional roles, in an acute NHS setting. The sample was a mixed group of four doctors and four nurses, selected by purposive and random sampling by the researcher. The interviews were tape-recorded and later analysed, using the descriptive phenomenological method adapted by Giorgi (1970). The results reveal the importance of a new concept of inner valuing in leading to the phenomenon of feeling valued. Inner valuing is achieved through a perception of doing a good job, which is directly related to delivery of patient care. Individualised positive feedback from colleagues and patients or their family serves to reinforce this inner value. Team membership is also a significant meaningful factor for nurses. Devaluing by colleagues and others leads to feeling not valued. In nurses this is felt in relation to senior nurses and by doctors from within the interprofessional team. For doctors, devaluing results from relationships with medical colleagues, but doctors also feel devalued by the Government, the NHS and the media. The overarching foundation for feeling valued is the patient-doctor/nurse interaction, but this does not lead to a sense of feeling not valued. It is mainly health professionals themselves that create this phenomenon in their colleagues. Whilst many of the constituents that make up these phenomena are not new, they have previously been studied in isolation and this study reveals how collectively they lead to the lived experience of feeling or not feeling valued. Leaders of doctors and nurses should seek to optimise work environments that promote inner valuing, team membership and positive feedback. Since devaluing by colleagues is an important constituent of feeling not valued, measures should be taken to minimise this.

Recommended reading:

- Department of Health, 1999, Making A Difference, Department of Health, London
- Giorgi, A., 2000, A phenomenological approach to qualitative research, a practical workshop, Bournemouth University (unpublished) 16-17 November 2000
- Muncey, T., 1998, Selection and retention of nurses, *Journal of Advanced Nursing*, 27, (2), 406-413

3.4.1 The impact of chronic heart failure on daily life in an elderly population: Validation of the Minnesota living with heart failure questionnaire

Kristofer Franzen, Lecturer in Nursing, Dept. of Health & Behavioural Sciences, Kalmar University, Kalmar, Sweden. Co authors: Kerstin Blomqvist & Britt-Inger Saveman

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Abstract:

The growing population of older adults with chronic heart failure (CHF) in Sweden raises special challenges for nursing care. The aim of this study was to validate a Swedish version of Minnesota Living with Heart Failure Questionnaire (LHFQ) on elderly persons with chronic heart failure, and to describe the impact of CHF on daily life in this population. Methods: The study was a part of a cross-sectional survey, focusing quality of life in elderly persons with CHF. The sample comprised 357 elderly persons, aged 65-99 years, diagnosed with CHF. Data was collected by a postal questionnaire including, e.g. demographic data, the Minnesota Living with Heart Failure Questionnaire (LHFQ) and SF-12. Validity of LHFQ was tested by principal component analysis, multitrait-multimethod correlation analysis and known group's validation. Reliability was measured by Cronbach's alpha. Univariate statistics were used to describe the impact of CHF on daily life. Results, which will be presented: Four factors, labelled as the Physical dimension, the Emotional dimension, the Treatment dimension and the Pleasure dimension were identified. LHFQ showed convergent and discriminant validity and an ability to discriminate between known groups. Cronbach's alpha was 0.94. The most frequently reported impacts were physical, e.g. fatigue (88%) and short of breath (87%). Depression (70%) was the most frequently reported emotional impact. Least frequently reported were impacts of staying in hospital (33%) and sexual activities (45%). In conclusion, the Swedish version of LHFQ was found to be a valid and reliable instrument in an elderly CHF population. The results show the importance of considering all four dimensions/factors when caring for elderly persons with CHF.

3.4.2 Using interpretive phenomenology to gain adults perspective of living with congenital heart disease: The researcher's perspective of the research process

Joy Lyon, PhD Candidate, Institute of Health & Community Studies, Bournemouth University, Bournemouth, England

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Abstract:

There is an emerging group of patients who have been, until recently, largely overlooked in recent government recommendations for health and social care. Over the last 50 years technical and other developments have resulted in more than 90% of children born with congenital heart disease surviving and reaching adulthood. There is limited research exploring the experiences of living as an adult with congenital heart disease. This presentation offers philosophical and methodological

aspects related to my PhD study. A phenomenological approach is being used to discover the strategies that enhance the adults' ability to effectively live with congenital heart disease. A purposive sample of twenty-five adults with congenital heart disease participated in semi-structured interviews. A key theme to emerge was, that despite having recently undergone investigations or surgery related to their heart condition, the adults viewed themselves as fit and well; their heart condition was not an issue for them. A theoretical sample of four people participated in second, more focused interviews. The focus of the presentation will be on the influence of some of the unanticipated 'real' issues that arose as the study progressed, these will be discussed in relation to my own growing experience and knowledge of philosophical and methodological aspects. Issues that arose include: the impact of the interview on the adult's life; the contribution of philosophy in applied research; the role of the researcher. Sharing the realities of a research endeavour can contribute to the debate surrounding the appropriateness of combining methods (pluralism); the need to adhere strictly to fundamental principles of a research approach (purism); the emergence of new methods of qualitative enquiry; and the use of nursing research findings in practice.

Recommended reading:

- Murphy, D.J. (2003) The patient population and requirements for optimal care. *Progress in Pediatric Cardiology*, 17, 3-7.
- Thorne, S., Reimer Kirkham, S., and O'Flynn-Magee, K. (2004) The analytic challenge in interpretive description. *International journal of Qualitative Methods*, 3(1). Article 1. Retrieved (03.08.2004) from http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/tho
- van Manen, M. (1990) *Researching Lived Experience. Human science for an action sensitive pedagogy*. State University of New York Press, USA.

3.5.1 Rituals and care in perinatal death: Representations in British midwifery textbooks 1937 - 2004

Joan Cameron, Academic Team Leader – Midwifery, School of Nursing and Midwifery, Dundee University, Dundee, Scotland. Co authors: Julie Taylor & Alexandra Charnock Greene

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Abstract:

Background: Professional textbooks convey not only knowledge, but also transmit the culture and values of the profession (Apple, 1993). The professional construction of knowledge in relation to perinatal death through its presentation in midwifery textbooks provides a rich source of data about the way the rituals relating to birth and death are performed and the meaning with which they are imbued (Mander, 2003; Begley, 2002).

Method: Midwifery textbooks for student midwives, written by midwives, from 1937 to 2003 and published in the United Kingdom were identified systematically. A total of 26 editions was accessed. Information relating to perinatal death was analysed longitudinally to demonstrate how the presentation of information changed over time. The differences in the ideological presentation of information were analysed by comparing the information relating to perinatal death between the textbooks.

Results: The management of perinatal death and the description of rituals relating to perinatal death is absent from midwifery textbooks published before 1970. From 1970 onwards, descriptions of parental feelings towards perinatal loss increase. Descriptions of rituals relating to the care of the baby become more elaborate with each new edition of the textbook. Reliance is placed on anecdotal evidence, rather than research, to inform practice.

Conclusion: Ritual associated with perinatal death as described in British midwifery textbooks has become increasingly elaborate from 1970 as the perinatal mortality rate has decreased and overall birth rate has fallen. Some important aspects of perinatal death are excluded from the textbooks. These include the care of the dying baby in the labour ward and psychological and social theories of loss relating to 'remembering'. The reasons for these omissions and the potential implications for midwifery and nursing practice will be discussed.

Recommended reading:

- Apple M 1993 Official knowledge: Democratic Education in a conservative age. London, Routledge.
- Mander R 2003 Bereavement and Loss in Maternity Care. In: Fraser D and Cooper MA (Eds) Myles Textbook for Midwives 14E. Edinburgh, Churchill Livingstone.
- Begley CM 2002 Student midwives' experiences of still-birth, miscarriage and neonatal death: "All I could do was hold her". In: International Confederation of Midwives. Midwives and women working together for the family of the world: ICM proceedings CD-RO

3.5.2 Evaluating the clinical effectiveness of neonatal nurse practitioners: an exploratory study

Leslie Woods, Principal Lecturer in Practice Development, Faculty of Health and Social Care, London South Bank University, London, England

✉ woods@lsbu.ac.uk

Abstract:

There is a growing body of evidence in the United Kingdom (UK) to suggest that nurse practitioners in primary care settings are able to provide a high quality and effective level of clinical service comparable with many of their medical counterparts (Venning et al, 2000; Horrocks et al, 2002). However, there has been relatively little evaluation of the nurse practitioner role in acute or high dependency hospital settings in the UK (Pioro et al, 2001). The aim of this investigation was to establish if there was any preliminary evidence to indicate if the quality of care and clinical outcomes for premature birth babies admitted to a Neonatal Intensive Care Unit are affected by the type of practitioner [i.e. nurse practitioner versus medical practitioner] responsible for the initial assessment, treatment and management. The study design utilised a retrospective examination and quality assessment of nursing and medical records. A random sample of sixty-one sets of medical records [nurse practitioners n=16, medical practitioners n=45], covering a 12 month period, were criterion assessed by an experienced consultant neonatologist external to the study unit. In addition, a variety of patient outcome data was collated and analysed. The results revealed that there was no statistical difference in the standard and quality of care provided between nurse practitioners and medical staff in the vast majority of the

areas. This appears to suggest that nurse practitioners are capable of providing a safe and alternative model of service delivery in this setting. However, general trends in the data also indicated that nurse practitioners did not perform as well as their medical counterparts in terms of the overall completeness or comprehensiveness of the standard of care provided. Deficits in the quality of care provided were however, identified in both groups of practitioners, having implications for ongoing training and skills development.

Recommended reading:

- Venning P, Durie A, Roland M, Roberts C, Leese B (2000) Randomised controlled trial comparing cost effectiveness of general practitioners and nurse practitioners in primary care. *British Medical Journal* 320: 1048-1053
- Pioro M, Landefeld C, Brennan P, Daly B, Fortinsky R, Kim U, Rosenthal G (2001) Outcomes-based trial of an in-patient nurse practitioner service for general medical patients *Journal of Evaluation in Clinical Practice* 7 (1): 21-33
- Horrocks S, Anderson E, Salisbury C (2002) Systematic Review of whether nurse practitioners working in primary care can provide equivalent care to doctors. *British Medical Journal* 324: 819-823

3.6.1 Follow-up care in breast cancer: is it necessary?

Ellis McCaughan, Lecturer in Cancer Nursing, School of Nursing, University of Ulster, Co Londonderry, Northern Ireland.
Co author: Oonagh McSorley

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Abstract:

Background: The value of routine medical follow-up, both in terms of detection of recurrence and patient satisfaction, has been questioned. NICE (2002) guidelines recommend women are fully discharged, after three years post-treatment. However, there appears to be a reluctance from doctors to carry this out. This has resulted in rising numbers of breast cancer patients attending review clinics. The literature also shows that while medical staff's time is stretched, there is an underuse of nurses as a potential manpower to meet the needs of these patients in an effective way (Koinberg et al 2004).

Aims: The aim of the study was to explore the healthcare needs of women attending breast cancer review clinics from their own perspectives. It also explored how these needs are currently being met, as well as healthcare professionals' perceptions of ways that the service could be delivered more efficiently and effectively.

Methods: The study used a qualitative approach including observations and interviews. Observations were carried out during seven outpatient oncology/surgical breast review clinics' sessions. Twenty-one women, who were at least two years post-diagnosis and not currently receiving active treatment and were attending the breast cancer review clinic were interviewed in their own homes. Interviews were also carried out with outpatient nursing staff, breast care nurses, oncologists, surgeons and a social worker. Categories and themes were identified from field notes and interview data.

Findings: Although these women saw themselves as having returned to a pre-cancer state, they still had a deep-seated fear of recurrence and a need for reassurance that they were disease free. This reassurance was generally met through the review

clinic. Medical and nursing staff perceived that patients needed to be reviewed but acknowledged that appropriately prepared nurses could deliver this service.

Recommended reading:

- National Institute for Clinical Excellence (2002) Guidance on cancer services: improving outcomes in breast cancer.
- Koinberg I-L, Fridlund B, Engholm G-B & Holmberg L (2004). Nurse-led follow-up on demand or by physician after breast cancer surgery: a randomised study. *European Journal of Oncology Nursing* 8, 109-117.

3.6.2 The information needs of lung cancer patients who may operable. Are they being met?

Heather Kelly, Research Nurse, Thoracic Department, Bradford Hospitals NHS Trust, Bradford, England

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Abstract:

Background: This paper describes a pilot study examining the information needs of lung cancer patients who are undergoing surgery (mediastinoscopy and mediastinotomy) to assess operability and obtain histological diagnosis. The study arose in response to concerns expressed by health professionals as to whether the patients were adequately prepared for the surgical diagnostic and staging procedure and its implications for future treatment.

Research Questions - What are the perceptions of patients with diagnosed or suspected lung cancer of the pre-operative information given to them prior to undergoing the surgical procedure of mediastinoscopy or mediastinotomy? - Are the information needs of these patients being met? Design Qualitative semi-structured interviews.

Method: Up to 20 patients with suspected or diagnosed lung cancer who have undergone mediastinoscopy or mediastinotomy are being recruited into the study. Participants are interviewed three to ten days after the surgical procedure has taken place and before the histological results are known. Interview questions include participants' perception of the adequacy of information received, the process of information giving and expectations of the procedure and further treatment. Content analysis is used to analyse the data.

Practice Implications: The most common complaint by cancer patients is that they are given too little information. However there is little research specifically relating to the views of lung cancer patients. The study presents the perspectives of these service users about the adequacy of information provision in this area of care. The researcher will report findings relating to the quality and quantity of information received and issues surrounding communication and interaction. The implications for enabling a more patient centred approach to information needs with this particularly vulnerable group of users will be addressed.

Recommended reading:

- Department of Health (1998) Guidance on Commissioning Cancer Services - Improving Outcomes in Lung Cancer - The Manual (Chairman; Howard R) London Department of Health
- NHS Centre for Reviews and Dissemination (1998) Management of Lung Cancer Effective Health Care Bulletin Volume 4 Number 3

- British Thoracic Society and Society of Cardiothoracic Surgeons of Great Britain and Ireland Working Party (2001) Guidelines on the Selection of Patients with Lung Cancer for Surgery Thorax 56: 89 - 108

3.7.1 Evaluating the use of nursing best practice statements

Nicola Ring, Lecturer, Department of Nursing & Midwifery, University of Stirling, Stirling, Scotland. Co author: Cari Malcolm

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Abstract:

Background: Best Practice Statements (BPS) were launched in Scotland in 2002 as a means of encouraging consistent evidence-based practice (EBP). Each statement describes best and achievable practice in a specific area of care and is intended to guide practitioners. This research was part of a national BPS impact evaluation study.

Aims: To explore current BPS implementation and their benefits for patients and practitioners. To highlight factors facilitating or preventing BPS use.

Methods: During 2003 telephone interviews were undertaken of nurses (n=15) who had participated in BPS development nationally. A 13-item semi-structured interview schedule was used. Interview transcripts were content analysed. **Results:** Interviewees reported patients benefiting from the BPS through quality improvement, including improved care planning. The BPS encouraged nurses to re-focus on fundamental but previously over-looked aspects of care such as continence. Interviewees were extremely positive about the BPS reporting nurses benefited through:

- Facilitation of care management and delivery
- Increased awareness and knowledge
- Driving local change
- Increased accountability.

Barriers to BPS implementation included lack of resources, resistance to change and the BPS not being considered a priority for implementation. Fourteen interviewees used the BPS in their current practice although usage differed between individuals and organisations. Although these fourteen used the BPS personally, only seven were actively enabling BPS use in others, for example establishing working groups. Whether interviewees were personally using the BPS and enabling their use in others depended on individual, team and organisational factors. Personal leadership of individual interviewees within their teams and organisations was influential in determining their ability to enable wider BPS use.

Conclusion: This study indicates that the BPS could be an additional mechanism for encouraging evidence-based nursing practice. Results provide initial evidence of the BPS improving the process of patient care, benefiting patients and practitioners.

Recommended reading:

- Ring N. & Finnie A. (2003) NMPDU Best Practice Statements – report of the impact evaluation study. NHS Quality Improvement Scotland & University of Stirling, Edinburgh
- Nursing & Midwifery Practice Development Unit (2002) Pressure Ulcer Prevention – best practice statement. NMPDU, Edinburgh.

3.7.2 Evaluating complex health care interventions

Bronagh Blackwood, Lecturer, School of Nursing & Midwifery, Queens University, Belfast, Northern Ireland.

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Abstract:

Experimental trials are universally accepted as the most reliable methods of determining effectiveness but they mainly evaluate the effects of simple interventions. Complex interventions (such as those aimed at changing service delivery and organisation and the related behaviour of health professionals) pose problems in evaluation because the intervention comprises of interdependent and interrelating parts. In recognising these problems, the Medical Research Council (MRC, 2000) produced a framework outlining five distinct phases. In the pre-clinical phase, the theoretical basis for the intervention is reviewed by assessing theory and evidence. Phase I follows which may involve exploratory work such as focus groups, preliminary surveys or case studies to define the different components of the intervention. In Phase II the intervention is developed and the feasibility of delivering and evaluating it is tested and adapted. The main trial is conducted in Phase III and its long-term implementation into practice is examined in Phase IV. This paper provides an example of how the MRC framework was used in designing a study to evaluate the impact of introducing protocolised-weaning from mechanical ventilation on intensive care patient outcomes. The procedures and research methods used in the preclinical phase and phases I - III are outlined. The framework draws on both qualitative and quantitative research methods. This should lead to improved definition of components, a robust study design and greater generalisability of results which will give researchers and funding bodies reasonable confidence that an appropriately designed, relevant study is being proposed. While the preliminary work and follow-up is necessary for the quality of the research, this will require new funding strategies from key funding bodies.

Recommended reading:

- Medical Research Council (2000) A Framework for Development and Evaluation of RCTs for Complex Interventions to Improve Health. www.mrc.ac.uk/complex_packages.html (accessed 14/04/04)

3.8.1 Interviewing people with dementia using video recording as a data collection tool: ethical and methodological considerations

Rhonda Knight, Senior Lecturer, Faculty of Health and Social Care, University of the West of England, Bristol, England

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Abstract:

Some health care professionals in the field of dementia care are challenging the myth that people with dementia are unable to voice their experience because of their cognitive impairment. Researchers have begun to listen to what people with dementia are saying, using audiotaping and note taking as part of the data collection process. (Allan, 2001). Kitwood (1997) suggested that people with dementia might rely more on their non-verbal communication skills when in conversation, because of difficulties with language due to their cognitive impairment.

However the impact of non-verbal communication in the communication process cannot be observed when using audiotapes or notes to analyse data. Cook (2003) initiated the discussion of using video recorders in research that involved people with dementia in her participatory study, which recorded on videotape the way people with dementia communicated in a residential setting. However no literature has been found where video recording has been used whilst interviewing people with dementia during the research process. This presentation will consider the innovative approach of using video-recording equipment to record interviews with people with dementia, with particular reference to the ethical and methodological implications. This will further the discussions about the creative use of video recording as a data collection tool in the field of dementia care research.

Recommended reading:

- Allan, K. (2001) Communication and consultation: exploring ways for staff to involve people with dementia in developing services. Bristol: Bristol Policy Press.
- Kitwood, T (1997) Dementia reconsidered: the person comes first. Buckingham: Open University Press.
- Cook, A. (2003) Using Video to Include the Experiences of People with Dementia in Research. Research Policy and Planning 21 (2) 23-32 .

3.8.2 An investigation of wandering in older people with dementia living in a nursing home

Jan Dewing, Independent Consultant, Nurse & Senior Fellow, RCNI Practice Development Team, Royal College of Nursing, London, England.

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Abstract:

The literature on wandering and dementia summarises wandering as a problematic behaviour. The US research generally stems from cognitive-behavioural models which further compounds the way wandering is often conceptualised by practitioners and researchers (eg Algate 1999). Further, there appear to be no research based accounts of what wandering is from the perspective of older people with dementia and what it might mean to them. This doctoral study set out to generate a person-centred description of wandering from older people with dementia living in a nursing home and to explore what wandering means to them and its significance for them. The study grounded in a hermeneutic-phenomenological philosophy, adopted a person-centred phenomenological methodology and method. This presentation focuses on sharing the methodology, method and findings from the data. It shows how phenomenology was integrated with feminist ethics to produce a person-centred methodology and method suitable for participative research with older people (McCormack 2003). Ethical concerns relevant to the approach and method will be discussed as they featured highly in this research. The research conducted in a nursing home with older people experiencing the consequences of advanced dementia, used a new process consent method and digital video recording with participants (Dewing 2002). Examples from data will be used to illustrate the discussion.

Recommended reading:

- Algate, D. L. (1999) Wandering in Dementia. Annual Review of Nursing Research 17 185-217

- McCormack B (2003) Researching nursing practice: does person-centredness matter? *Nursing-Philosophy* 4(3) 79-88.
- Dewing J (2002) From ritual to relationship: a person centred approach to consent in qualitative research with older people who have a dementia. *Dementia: The International Journal of Social Research and Practice*. 1 (2) 156-171

3.9.1 Developing a best practice framework for R&D

Tanya McCance Senior Professional Officer, Northern Ireland Practice & Education Council, Belfast, Northern Ireland. Co authors: Donna Fitzsimons & Nicola Armstrong

✉ tanya.maccance@nipeec.n-i.nhs.uk

Abstract:

The function of R&D is integral to the quality of health and care provided within the health service, both in terms of development of knowledge and how this knowledge can be used to enhance the provision of patient care. Nurses and midwives have an important contribution to make to this agenda and whilst the R&D landscape is changing, with positive progress reported in relation to new funding streams, there is still a significant way to go before nursing research is recognised at international level (Rafferty and Traynor, 2003). This paper presents a Framework that has been developed within Northern Ireland as part of a project commissioned by the Department of Health and Social Services, aimed at benchmarking progress within nursing and midwifery R&D. This work builds on the strategic direction identified in the position paper published by McKenna and Mason (1998), with the intention of identifying new strategic priorities to further develop this agenda over the next five years. The development of the R&D Best Practice Framework was informed by a comprehensive literature analysis, focusing on strategic and policy literature and related literature highlighting standards for best practice. An approach was adopted that was compatible with the RCN's position paper (2002) focusing on promoting excellence in care through R&D. This resulted in the articulation of best practice statements, which were evidenced from the literature analysis. Statements were developed for key stakeholder groups including healthcare providers, higher education institutes and R&D funders, and themed under six headings: strategy development; partnership working; building capacity; infrastructure; research in practice; and outcome assessment. The presentation will focus on how the framework was developed and the potential for its use as measure of R&D capability, drawing on the experience from the current project.

Recommended reading:

- McKenna, HP & Mason, C (1998) Using and Doing Research: A position paper to inform strategy, Policy and Practice for Nursing Research in Northern Ireland.
- Royal College of Nursing (2002) Promoting Excellence: An RCN Position Statement. RCN, London.
- Rafferty, AM; Traynor, M; Thompson, DR; Iltott, I; & White, E (2003) Editorial: Research in nursing, midwifery, and the allied health professions. *British Medical Journal*, 326: 833-834.

3.9.2 Activity of health care providers in relation to key aspects of nursing research and development in Northern Ireland

Donna Fitzsimons, Lecturer University of Ulster, Research Facilitator Belfast City Hospital, Project Officer NIPEC, Belfast, Northern Ireland. Co authors: Tanya McCance & Nicola Armstrong

Abstract:

The Research and Development agenda in nursing in the UK has undergone significant changes recently, characterized by improved funding and productivity. However there remains much potential for progress. This paper is derived from a larger study, commissioned by the DHSSPS in Northern Ireland and undertaken by NIPEC. It aims to chart current R&D activity in nursing and guide the future direction of regional developments. The RCN position paper (2002) described strategies to promote excellence in nursing care through R&D. This has been used to develop a regional framework for best practice in R&D in Northern Ireland at the level of Health Care providers, Higher Education Institutes and Research Funders. This paper presents the section of the study which evaluated Health Care Provider's activity in relation to six key elements of R&D activity: • Strategy Development • Partnership Working • Building Capacity • Infrastructure • Research in Practice • Outcome Assessment Structured interviews were conducted with Directors of Nursing in each of the 18 NHS Trusts and a purposive sample of two lead nurses from independent sector in NI. Interviews were taped, transcribed and analysed using SPSS and Nudist NVIVO. Data analysis is currently in process, but initial results suggest considerable variability in the support structures, capacity and productivity of nurses in relation to R&D. In most organizations there was no-one with sole responsibility for leading the R&D agenda in nursing, and few organizations had systems to collate nurses' output in relation to R&D. Qualitative data highlighted a number of important issues including a lack of vision and corporate strategy in relation to nursing R&D. These impacted significantly on capacity building, with few opportunities for nurses with advanced research skills. The implications of this regional study will be discussed in relation to national policy and key messages for Trusts extrapolated.

Recommended reading:

- RCN (2002) Promoting excellence: an RCN position statement. RCN, London.

40.40

Concurrent session 4

4.1.1 The value of a mixed methodology within an international study

Corrado Valle, Community Rehabilitation Nurse/Doctoral student, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England

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Abstract:

The main subject of the study that this paper relates to is the effect of employment law on absence rates among nurses in the public sector in Italy and England. This paper will address methodological issues within a combined approach, of quantitative and qualitative elements (the qualitative aspect being the dominant part of the study). This paper will describe issues relating to the use of this methodological approach and will argue its value. Qualitative and quantitative methods have often been used together in research projects and such integration has resulted in a deeper understanding of the social phenomena studied. In addition both methodologies are accepted by funding bodies, have led to generally accepted research results and thus influenced policies (Tashakkori and Teddlie 1998). This paper will explain why the subject studied justifies the use of a combined paradigm. The paper will then go on to describe the methods used. Quantitative elements derived from numerical data provided by the Personnel departments of the two hospitals involved in the study. The quantitative data highlighted and scoped the problem of absence from work and constituted the starting point of this enquiry. The qualitative arm of the study utilised snowball sampling for the identification of potential informants for interviews (Faugier and Sargeant 1997). The quantitative data cannot, alone, provide direct insight into the behaviours of individuals. To explore the motivations behind people's behaviours, qualitative techniques are necessary. In its qualitative arm, the critical ethnographic approach has been chosen. This is due to the nature of the study undertaken and the desire to understand the influences of the social environment (Carspecken 1996), in which the nursing staff of England and Italy live and operate. Conclusions regarding the value of this approach, within an international study, will be drawn.

Recommended reading:

- Carspecken, P.F. (1996). *Critical Ethnography in Education Research*. London, Routledge.
- Tashakkori, A. and Teddlie, C. (1998). *Mixed methodology. Combining qualitative and quantitative approaches*. London, Sage.
- Faugier, J. and Sargeant, M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing* 26: 790-797.

4.1.2 Managing the challenges of an international study

Corrado Valle, Community Rehabilitation Nurse/Doctoral student, Nursing and Midwifery Research Unit, University of East Anglia, Norwich, England

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Abstract:

The main subject of the study that this paper relates to is the effect of employment law on absence rates among nurses in the public sector in Italy and England. International studies such as this are essential in the light of globalisation and harmonisation of European rules, they aid comparison and learning from other countries who are faced with similar problems. For this reason describing the lessons learned will assist other researchers. This paper will describe the issues that arose in arranging and initiating this international study. Access to the Italian and English sites for the study proved to be challenging on several, although different, levels. The first section will consider access to the location, to the quantitative, qualitative and observational data and the processes followed to gain access in both settings. The approaches which were necessary to access the data in the two countries varied significantly, mediated by formal mechanisms within the hosting organisations (Burton, 2000). These differing approaches will be described. England has a higher absence rate compared to Italy but access to data was much more problematic in England, despite an assumption that the relevance of the study would lead to a higher degree of co-operation. The involvement of and procedures required by Local Ethics Committees differed significantly between the two countries. The varying processes involved will be described. The paper will describe the experience of carrying out a comparative international study and the lessons learnt. These have proven that it is essential to be able to create and maintain alliances with stakeholders in order to enlist support and access data (Gummesson 1991); reciprocity can yield significant advantages for both the researcher and the hosting organisations. The paper will summarise these.

Recommended reading:

- Burton, D. (Ed) (2000). *Research Training for Social Scientists*. London, Sage.
- Gummesson, E. (1991). *Qualitative Methods in Management Research*. London, Sage.

4.2.1 Q-methodology: Exploring the nature of mental health nurses' knowledge

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Abstract:

There is a need to develop a clear understanding of the knowledges used by mental health nurses in day to day practice. Knowledges relating to holistic/therapeutic activities form the basis of mental health nurse education, however various studies have consistently shown the majority of mental health nurses activity relates to administrative and routine tasks and containment. This disparity between the knowledge bases prescribed by education, and those described in practice, requires scrutiny if educational initiatives are to have impact on care

delivery. Nursing is not a homogenous group, rather having within it diverse occupational groups, each having its own distinctive set of beliefs and values, a subjectivity. Taking a Post-modernist perspective, subjectivity can be viewed as the status, expected behaviours and demeanor inscribed by power relations upon individuals. Such an inscription is not read by the individual but is the individual, subjectivity being produced by the discourses surrounding them. Q methodology, using a form of factor analysis, provides a systematic way to examine, and gain an understanding of, individuals' subjectivity. As such it does not objectively measure an individual's subjectivity, but provides an opportunity to examine expressed beliefs through interpretation of the emerging factors. It is possible to utilise Q methodology in the examination of the mental health nurses' subjectivity in relation to knowledge, to discover which of the knowledge discourses are inscribed upon them. Described here is the use of Q methodology to reveal mental health nurses' subjectivity in relation to knowledges underpinning their practice. Forty-three qualified mental health nurses completed Q-sorts identifying the knowledges they were most / least likely to use in their daily practice. The analysis of these Q-sorts and the emergence / interpretation of four factors representing coherent expression of mental health nurses' subjectivity in relation to their knowledge bases is explored.

Recommended reading:

- Brown, S R. (1991) Q methodology. <http://facstaff.uww.edu/cottlec/Qarchive/Primer1.html> [accessed 16/01/00].
- Stainton Rogers, R. (1995) Q Methodology. In Smith, J.A. Harre, R and Langenhove, L.V. (eds.) *Rethinking Methods in Psychology*. London. Sage Publications. 178-207.
- Foucault, M. (1982) The Subject and Power. In Dreyfus, H L and Rabinow, P. (1982) *Michel Foucault: Beyond Structuralism and Hermeneutics*. London: Harvester Wheatsheaf. 208-226.

4.2.2 Psychiatric nurses' preventive work with adult persons on sick-leave

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Abstract:

Mental health problems have turned out to be one of our most serious public health problems. Long-term sick-leave caused by mental ill-health has increased dramatically in Sweden during the last years. In Värmland, an area in mid-Sweden, the long-term absence increased between 1998 and 2002 with 215 % for men and 256 % for women because of stress related problems, burn out and depression. It is well known that many of the patients have difficulties to return to their previous work. The aim of this study was to investigate how psychiatric nurses' professional competence can contribute to the care of these patients in primary health care. One research question was to investigate nursing interventions implemented to reduce the patients' suffering, support them in their efforts to return to their usual daily life and prevent more serious and longstanding mental health problems. The project was implemented during one year in two primary health centres in Värmland with two psychiatric nurses. Data were collected with quantitative and qualitative methods. The nurses met 209 patients and 97 were studied more closely. Their health was

measured on three occasions with the HADS and SOC self-rating scale. An instrument was developed to survey the nursing interventions. The nurses wrote 110 critical incidences which were followed up by repeated interviews with the nurses. Patients (n=20) and other professionals at the centre (n=10) were interviewed. Preliminary results show that the psychiatric nurses' competence was a valuable contribution to health for patients who are not usually included in the psychiatric target group but are at risk for further mental health problems. The final results will be presented at the conference.

4.3.1 Trials versus treatment: Social factors that influence enrollment in hepatitis C clinical trials

Susan Instone, Associate Professor of Nursing, Hahn School of Nursing, University of San Diego, San Diego, California, USA. Co author: Tari L Gilbert

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Abstract:

Hepatitis C virus infection (HCV) is the most prevalent blood born human disease in the world today, affecting about 200 million persons. It is estimated that the rate of HCV infection in the U.S. is four times greater than the rate of the human immunodeficiency virus, and it is the leading cause of liver disease. HCV infection can lead to debilitating illness and eventual death if left untreated; however, antiviral drugs and immunotherapies are now available, including promising new treatments currently being studied in clinical trials. Within the realm of HCV clinical care, a complex interaction of consumer, professional, institutional, and economic contingencies influence the enrollment of individuals with HCV infection into these studies. Analysis of the literature and data from interviews and observations of 19 patients and 16 health care professionals in a four-year field research study of informed consent in HCV clinical trials suggests that there are several competing social factors that determine patient enrollment. These include patient characteristics such as illness awareness, disease severity, understanding of risk, motivation to participate in clinical trials, and expectations of a cure; tension between science and care among nurses and physicians; limitations of access to care and the nursing shortage; consumer advocacy and protection; oversight by official agencies and institutional review boards; and the scientific and financial agendas of pharmaceutical companies. As central figures in the recruitment of patients into HCV clinical trials, health care professionals in this study reported that they often had to manage these often contradictory social factors, while advocating for the best interests of the patient and their own self-preservation. Implications of these findings for nursing practice and health care policy will be explored.

Recommended reading:

- Mueller, MR, Gilbert, TL. & Instone, SL. (In review). The accidental tourist and the trajectory to hepatitis C diagnosis. *Research in Nursing and Health Care*.
- Zein, CO. & Zein, NN. (2002). Advances in therapy for hepatitis C infection. *Microbes Infection*, 4, pp.1237-46.
- Pokros PJ. (2002). Developments in the treatment of chronic hepatitis C. *Expert Opinion in Investigational Drugs*, 11, pp. 515-28.

4.3.2 Expertise and the use of expert panels in nursing research: a reflection on the issues

Charles Hendry, Lecturer, School of Nursing & Midwifery, University of Dundee, Dundee, Scotland

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Abstract:

Expertise is a much debated concept within nursing and other professional disciplines. Benner (1984) did much to expound the concept of 'nurse as expert', describing the characteristics of an expert nurse, and to propose a 'novice to expert' model of expertise. Others have challenged this model and Paley (1996) offers a useful critique on this debate. With the advent of Nurse Consultant posts within the UK a further impetus has been given to the role of nurse as expert. A number of high profile legal cases (e.g., Regina v Canning & Regina v Clark) in the United Kingdom have also questioned the 'expertise' and judgements of a number of medical experts. The ongoing debate on the safety of the MMR triple vaccine has also seen expert opinion in conflict. Undoubtedly, these have led to a public loss of confidence in the concept of expert opinion. The use too of experts or expert panels in the conduct of nursing research has risen sharply over the last decade. Such panels are convened for a number of reasons; to provide expert opinion in respect of clinical practice or a new treatment, to develop and validate research tools, to assess research participants' responses in decision making studies and so on. However, the use of experts in nursing research also raises issues of concern. Most published studies that have utilised experts or expert panels fail to report details of this expertise. How is expertise determined, and how are suitable experts identified and selected? How many experts are required to ensure rigour and trustworthiness? This paper will outline the current use of expert panels in nursing research, highlighting potential methodological concerns. It will also offer suggestions as to how the use of expert panels in nursing research can be made more consistent and transparent.

Recommended reading:

- Benner P. (1984) From novice to expert: excellence and power in clinical nursing practice. Addison-Wesley Publishing Company. Menlo Park, California.
- Paley J. (1996): Intuition and expertise: comments on the Benner debate. Journal of Advanced Nursing 23, 665-671.

4.4.1 Student learning in practice settings: What support system best fits the need? Evaluating the old and the new

Anthony Wilson, Senior Lecturer, School of Nursing & Midwifery, Robert Gordon University, Aberdeen, Scotland

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Abstract:

The importance of supporting students learning in practice is well recognised (United Kingdom Central Council for Nursing, Midwifery and Health Visiting 2000). Over the years various approaches have been used to enhance students' clinical learning. However, few of these have been based on the findings of research or evaluated for effectiveness. On 1st September 2004 another change was introduced for nursing students at The Robert

Gordon University in Aberdeen and clinical staff in acute areas of NHS Grampian. This was the discontinuation of the link teacher role and introduction of a practice team incorporating mentors, practice education facilitators, practice educators and academic lecturers with a practice specific role. The strategy reflects the NHS Education for Scotland Quality Standards for Placements (2003) and the Quality Assurance Agency Precepts 1-8 (2001). In this study, by The Robert Gordon University (RGU), Aberdeen University and NHS Grampian, 39 link teachers, 1029 mentors, 94 clinical managers, 26 practice education facilitators, 1 practice educator and 254 students working in acute areas were surveyed by questionnaire. The questionnaires comprised 70 questions answered on a likert-type scale and a section for general comment. The questionnaires were tailored to each group and subdivided into six areas. These were preparation, clinical area, functioning, student support, learning environment and satisfaction. The findings of the survey are being used to evaluate the "old" system and as a baseline to compare, after approximately one year, with responses about the "new" system. Findings will be used to inform future changes to student support systems across Grampian and elsewhere. This presentation will look at the changes to RGU's and NHS Grampian's clinical support for students and at the research approach being taken to evaluate these. The results of the evaluation will be provided, methodological issues discussed and implications for student support considered.

Recommended reading:

- NHS Education for Scotland (2003) The development of Quality Standards for Practice Placements. NES. Edinburgh.
- The Kingdom Central Council for Nursing, Midwifery and Health Visiting (2000) Standards for the Preparation of Teachers of Nursing, Midwifery and Health Visiting. UKCC. London.
- The Quality Assurance Agency for Higher Education (2001) Code of Practice for the Assurance Academic Quality and Standards in Higher Education. Section 9: placement learning. QAA.

4.4.2 Practice based learning and dyslexia

Jo Sanderson-Mann, Research Associate, School of Nursing, University of Nottingham, Nottingham, England. Co authors: Fiona McCandless & Heather Wharrad

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Abstract:

Introduction: Little evidence exists about how dyslexia affects nurses and student nurses on clinical placement. Wright (2000) suggests that there may be a general lack of understanding in the health professions as to what dyslexia is and how educational support can help individuals achieve safe practice. This lack of understanding is compounded by the fact that dyslexics have different strengths and weaknesses. This study explores how dyslexic student nurses cope on clinical placement, and what support they require.

Methods: Diploma students who had declared dyslexia on admission were invited to participate (n = 40) 13 replied, nine agreed to participate. Participants were interviewed individually or in focus groups. Two researchers analysed the

transcripts independently, and the findings were grouped into themes.

Results: Seven participants were female, two were male. Ages ranged from 19 to 44 years. All participants mentioned difficulties with drug names and calculations. Some experienced problems with handovers and paperwork. Previous healthcare experience tended to help with procedures and students' confidence. Most students developed their own coping strategies. Some asked for help without disclosing their dyslexia. Attitudes towards disclosure varied, and were sometimes affected by previous experiences when they had disclosed. Some students wanted to be taken at 'face value', without the label of dyslexia. Participants wanted better understanding from mentors. However, some suggested that it was possible to receive too much support, as this would not be available after training.

Discussion: Results suggest that healthcare professionals should be provided with more information so they have a better understanding of dyslexia and how dyslexia could affect practice learning. A more understanding atmosphere could encourage more individuals to disclose their dyslexia. Information gained from this study will be used to develop a re-usable learning resource to inform mentors and students about dyslexia in the context of practice learning.

Recommended reading:

- Wright, D. (2000) Nursing Standard, 14, 35-41.

4.5.1 Patients' views on the processes of their discharge from acute hospital care

Joseph Cortis, Senior Lecturer, School of Healthcare, University of Leeds, Leeds, England

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Abstract:

The importance of patients' discharge planning from acute hospitals has increased since the publication of the NHS Plan (DoH 2000). This could have been influenced by the fact that changing social policy and scarce resources affect the delivery of health and social care and higher costs mean shorter hospital stays (Audit Commission 2000). Empirical work has been published focusing on a number of aspects of patients' discharge from hospital e.g. information giving, nurse's role and the commencement of the discharge plan. There is paucity, however in empirical work exploring the views of patients on the discharge processes. This paper reports on a study, funded by local NHS and PCT trusts in the north of England but conducted by an independent researcher, which aimed to explore patients' views of the processes and the arrangements made for their discharge from one acute hospital. Both quantitative and qualitative methods through the use of a questionnaire and an opportunity for a written narrative, were used to capture the data. The research instrument was primarily informed by patients' support groups, health/ social care professionals and a recently published NHS policy document (DoH 2003). This year-long survey involved 1,533 responses from a sample of 2015 patients (71%). Data was analysed using a statistical package and themes emerged from the qualitative data. Key findings:

- Discharge arrangements were predominantly focused on the patients' medical diagnosis
- Social aspects of patients' lives were generally marginalised

- Patient discharge was not consistently at the forefront of care management
- Elderly patients were generally satisfied with the arrangements made
- Younger patients felt that their discharge was not comprehensively planned
- Minority ethnic respondents were generally dissatisfied with the arrangements made.
- Provision of care by health and social services following an acute admission in hospital was generally poorly co-ordinated.

Recommended reading:

- Audit Commission (2000) 'The way to go home' London
- Department of Health (2003) 'Discharge from Hospital: pathways, process and practice' HMSO: London.
- Department of Health (2000) 'The NHS Plan - a plan for reform' HMSO: London

4.5.2 The appropriateness of elective referrals from primary to secondary care: the patient perspective

Alison While, Professor of Community Nursing, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Brian Johnston & Brian Fisher

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Abstract:

Background: There is much variation between GPs and the referral of patients has a significant impact upon health care costs and the quality of patient care. Referral rates by themselves do not provide adequate information for the assessment of the appropriateness of outpatient referrals. The importance of the patient perspective has been emphasized by successive governments yet little is known about the patient perspective of appropriate referral.

Objectives: 1. To describe the experience of the referral from the patient 2. To describe the elements of appropriateness from the perspective of the patient.

Method: A cross-sectional postal survey was conducted of patients using a specially designed questionnaire. 929 patients attending a DGH for elective referrals were recruited to the study. 411 patient questionnaires were returned (response rate 46.6%). SPSS version 11.0 was used to undertake descriptive and bi-variate analysis prior to log-linear analysis.

Findings: In most cases patients rated both the GP and consultant highly, however, consultants were rated better than GPs regarding information giving and involvement in decision-making. With the exception of speed, the hospital appointment was rated more highly than the GP appointment in terms of service indicators. 78.5% referrals were rated 8 or above regarding appropriateness (0-10 scale). The variables in the final patient model of appropriateness were: how well the GP had dealt with the problem; informed about condition by consultant; overall patient got what was wanted from the referral.

Conclusion: Judging the appropriateness of a referral is a complex task with the views of patients, GPs and consultants differing as to what constitutes an appropriate referral. While patients rated most aspects of the referral experience highly, not all

referrals were considered appropriate. The patients valued information giving and involvement in decision-making indicating the need for continued improvement in this area of professional practice.

4.6.1 Findings from a national evaluation of NHS Cadet Schemes

Ian Norman, Professor of Nursing & Inter-disciplinary Care, Florence Nightingale School of Nursing and Midwifery, King's College London, England. Co authors: Jan Draper & Roger Watson

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Abstract:

The development of NHS Cadet Schemes forms part of the government's strategy to improve and extend access to pre-registration education and training in nursing and allied health professions and retain the healthcare workforce (DH 2000). This paper reports the findings of a 2-year Department of Health funded national evaluation of NHS Cadet Schemes, completed in July 2004, which sought to answer the important policy question of whether cadet schemes provide a cost-effective way of widening access to NHS funded pre-registration professional education, and produce recruits who progress successfully through pre-registration health and/or social care training programmes. The evaluation, which adopted a 'realistic evaluation' design (Pawson & Tilley, 1997), involved: national surveys by questionnaire and follow-up interview of major stakeholders in all 68 NHS Cadet Schemes in England - including WDC Cadet Scheme Leads (n=25), leaders of local schemes (n=68) and senior cadets (n=411); interrogation of preliminary findings at a national conference; and in-depth field-work in 10 schemes. The evaluation found that cadet schemes widen access to professional healthcare education for Black and ethnic minority students, and for those with limited educational qualifications. Cadets value their schemes highly and are committed to their Trust and the NHS. Long established schemes have higher progression and lower attrition rates than those more recently established. Costs vary widely across schemes, but the mean cost per cadet could be as little as £6,628, depending on the rate of progression of cadets into pre-registration nursing programmes and the value attributed to their direct care work during training. In sum, cadet schemes can make an important contribution to the government's strategy for recruiting people to the professional nursing but their purpose needs to be defined in line with national imperatives, and they need to be adequately supported if coherent academic progression of cadets is to be assured.

Recommended reading:

- Department of Health (2000) The NHS Plan DH, London
- Pawson R., Tilley S., (1997) Realistic Evaluation. Sage, London

4.6.2 The Bachelor of Nursing degree at the University of Manchester: a historical study of an innovation in nursing education

Christine Hallett, Senior Lecturer, School of Nursing, Midwifery & Health Visiting, Manchester University, Manchester, England

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Abstract:

In September 1959, nine students embarked on a programme at the University of Manchester, which would prepare them to practise as nurses and health visitors. They were among the first students ever to undertake a nursing education programme at a British University. At the end of their tough and demanding four year course, they would be State Registered Nurses, Health Visitors and holders of a Diploma in Community Nursing awarded by the University of Manchester. There had been attempts to establish post-certificate diplomas in nursing earlier in the century - notably in Leeds (1921) and London (1926). However, the 'Manchester scheme', as it came to be known in the nursing press, was unique in being the first university-based course to deliberately include nursing as an academic subject and to incorporate a community-based public health component into a pre-registration education programme. The 'Manchester scheme' was first conceived by Fraser Brockington, who had been Professor of Social and Preventive Medicine since 1952 (Brockington, 1949). Professor Brockington had a longstanding interest in the education of health visitors. The 'Diploma in Community Nursing', the first of its kind ever to be implemented in the UK, grew out of this interest, but was developed as a generic nurse training programme. It was later developed into the Bachelor of Nursing degree, one of the earliest British nursing degrees (Marsh, N; and Moreton, P, 1970a and 1970b). This paper uses a hermeneutic historical methodology to trace the foundation of the diploma and its later development as an undergraduate programme. In doing so, it considers issues which are of enduring importance in nurse education: including the level of education to be attained by members of the profession, and the balance of theory and practice in a degree level programme.

Recommended reading:

- Brockington, C.F. (1949) The need for a revision in the training of health visitors. Public Health, April 1949. pp.144-146.
- Marsh, N. and Morton, P. (1970b) Towards a university degree in nursing. 2. Opinions on the course and follow-up of students. Nursing Times Occasional Papers. January 8, 1970. pp.5-6.
- Marsh, N. and Morton, P. (1970a) Towards a university degree in nursing. 1. The course programme: organisation and assessments. Nursing Times Occasional Papers. January 1, 1970. pp.1-3.

4.7.1 Patient perspectives in COPD - occupational participation and pulmonary rehabilitation

Veronika Zihl, M.Phil/PhD student,
School of Health Professions &
Rehabilitation Sciences, University of
Southampton, Southampton, England.
Co authors: Kathryn McPherson, Anne
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Abstract:

Background: Occupational participation has been found to have a positive effect on an individual's health (Chugg and Craik, 2002; Lyons et al, 2002). Previous research by the author identified occupational participation as an important issue for people with chronic obstructive pulmonary disease (COPD), even for those severely disabled by their illness. For the purpose of this study occupational participation will be defined as 'engagement in a chosen physical, mental or social activity, leading to participation in a life situation through interaction between individuals and/ or the environment'. This definition has been influenced by findings from previous research and the International Classification of Functioning, Disability and Health (WHO, 2002).

Aims: This study aimed to a) explore the self-perceived occupational participation needs of people living with COPD in depth and b) identify whether current pulmonary rehabilitation programmes meet these needs, as perceived by the patient.

Methods: A qualitative approach was employed, using semi-structured interviews with COPD patients from two different pulmonary rehabilitation programmes. Participants were interviewed pre and post programme. The sampling method followed purposeful and theoretical sampling strategies. Grounded Theory was used as the underlying methodology and data analysed by using coding and memoing to categorise the data. Findings were augmented by the use of a standardised outcome measure, the Canadian Occupational Performance Measure.

Results: Results of the study are pending completion of the data analysis but will be presented at the conference. Given the lack of published information on patient experiences of COPD, the findings from this study should augment understanding of the condition and contribute to the development of more patient focused interventions within pulmonary rehabilitation.

Recommended reading:

- Chugg, A. & Craik, C. 2002, "Some factors influencing Occupational Engagement for People with Schizophrenia Living in the Community", *British Journal of Occupational Therapy*, vol. 65, no. 2, pp. 67-74.
- World Health Organisation. 2002, "International Classification of Functioning, Disability and Health". Geneva, World Health Organisation.
- Lyons, M., Orozovic, N., Davis, J., & Newman, J. 2002, "Doing-Being-Becoming: Occupational Experiences of Persons Living with Life-Threatening Illnesses", *American Journal of Occupational Therapy*, vol. 56, no. 3, pp. 285-295.

4.7.2 Promoting physical activity for older people in Taiwan with grade I and II hypertension through a community-based intervention: A randomised controlled trial

Lee Ling-Ling, Lecturer in School of
Nursing, TzuChi College of Technology,
Taiwan; PhD student in School of
Nursing, University of Nottingham,
Nottingham, England. Co authors:
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Abstract:

Background There is some evidence that walking exercise programmes reduce resting systolic and diastolic blood pressure significantly in adult humans (Murphy and Hardman 1998; Kelley, Kelley and Tran 2001b) although there is a dearth of studies examining this effect among older people. Setting 13 villages in Hualien, Taiwan.

Design: Randomised controlled trial Participants 202 participants aged 60 years and over with a systolic blood pressure between 140-179mmHg. Interventions Participants randomised to the intervention group (n=102) received a six-month walking programme based on self-efficacy (Bandura 1977) and aimed at empowering the improvement of their physical activity behaviour. A community health nurse provided face-to-face and telephone support designed to assist participants to increase the time and frequency of walking. Participants randomised to the control group (n=100) received usual care involving self-initiated contact with health services as required.

Main outcome measure: Change in systolic blood pressure over six-months. Change in Self-Efficacy for Exercise Scores was also recorded. Results At six month follow-up the mean change in systolic blood pressure was -15.4 in the intervention group and -8.4 in the control group. The difference in mean change between the two groups was -6.99mmHg (95% CI, -11.47 to -2.50mmHg, p=0.002). Self-efficacy for exercise scores improved by an average of 2.1 points in the intervention group and 0.8 in the control group (difference between groups = 1.23, 95% CI 0.5-2.0, p=0.001).

Conclusion: Among older people, a 6-month walking programme led by a community nurse can lower blood pressure among those with mild and moderate hypertension and improve their self-efficacy for exercise. This is a relatively simple intervention that can have important benefits for older people.

Recommended reading:

- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, Prentice-Hall.
- Murphy, M. H. and A. E. Hardman (1998). "Training effects of short and long bouts of brisk walking in sedentary women." *Medicine & Science in Sports & Exercise*. 30(1): 152-7.
- Kelley, G. A., K. S. Kelley, et al. (2001b). "Walking and resting blood pressure in adults: A meta-analysis." *Preventive Medicine*. 33(2 1): 120-127.

4.8.1 Health status of residents in selected coastal communities a decade following the east coast fishery closure

Lan Gien, Professor, School of Nursing,
Memorial University of Newfoundland,
St. John's, NF, Canada. Co authors:
Maureen Laryea & Albert Kozma
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Abstract:

Globalization and the use of modern fishing technologies have been thought to contribute to the cod stock depletion and collapse of the east coast fishery of Canada in 1992; causing massive unemployment in affected communities. Despite the financial assistance from the Federal Government, in the form of TAGS (The Atlantic Groundfish Strategy), the psychosocial impact of this economic crisis has been extensive (Murray et al., 2003). The TAGS program was terminated in 1998 and currently the cod fishery has not been reopened. This study compares the health status of residents of two fishing areas (A&B) during TAGS (Phase 1) and following the termination of TAGS (Phase 2). Before the cod moratorium, both areas were dependent on the fishery for their livelihood. However, during TAGS, A's economy has diversified, while that of B's still depends on the ocean resource. The sample consisted of 881 participants in Phase 1 (200 in A, 681 in B) and 761 in Phase 2 (90 in A, 671 in B). They were 16 years of age or older from randomly selected households. Data were collected by individual interviews, using structured questionnaires. The GHQ-28 instrument with high test-retest coefficient (0.90) and split-half reliability (0.92) was used to measure the psychological well being. Health differences in 2 phases and two areas were measured by MANOVA for continuous data and Mann-Whitney U test for data organized by ranks. The results showed significant higher anxiety level for B's residents in phase 2 (p<0.01). Similarly, in both phases, B's dwellers were less satisfied (p<0.01) with life in general, with their finances and employment status than those of A area. But the level of satisfaction with the above domains increased significantly in phase 2 for both areas. On self-reported physical health problems, there was significant increase in the number of persons reporting arthritis, asthma, allergies, high blood pressure, high cholesterol and diabetes (p<0.01) in both areas in phase 2. However, incidences of diabetes and high cholesterol are significantly higher in B area in both phases. The results indicated that after 12 years of the east coast fishery closure, residents in the affected area are still struggling to adapt. The health status of residents in area B where their livelihood depended heavily on the ocean resource has worsened. The implications of findings will be discussed in relation to health policy, future nursing research, practice and education. *Supported by three-year funding from the Social Sciences and Humanities Research Council (SSHRC) and the Canadian Institute for Health Research (CIHR). Contributions from other team members are acknowledged, including W. Kennedy, S. Lewis, D. Macdonald, M. Murray, C. Orchard, N. Tilley, and T. Clemens.

Recommended reading:

- Murray, C.L., Gien, L., Solberg, S.M. (2003) A Comparison of the Mental Health of Employed and Unemployed Women in the Context of a Massive Layoff. *Women and Health*, Vol. 37(2). pp 55-72

4.8.2 Lay men, health and well-being

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Abstract:

Despite recent interest, there is still little empirical data relating to "men's health" within the UK. This paper reports part of the findings of a study carried out in the Northwest of England that explored how lay men and health professionals understood 'masculinity' and 'health' and how and when these two concepts became related. A theoretical sample of community health professionals (n=8) and lay men aged 27-43 years (n=20), including sub samples of gay men (n=7) and disabled men (n=6), were selected through GP practices, a health promotion unit, local leisure services and by snowballing from these initial contacts. A series of focus groups (n=4) and interviews (n=48) were then completed and the subsequent transcribed data analysed through an amended grounded theory approach. The paper specifically focuses on the explicit and implicit accounts about 'health' within the lay men's narratives. It explores how such accounts are 'gendered' in nature and the impact that such gendered conceptualizations have on issues of acceptability and accessibility of health promotion services. The findings highlight how men face a dilemma created by a strong public discourse that suggests 'real' men don't care about health and well-being yet, on the other hand, they face a moral imperative that 'good' citizens should be seen to care about health and well-being. The findings explore further how men draw on these discourses and imperatives in a variety of different ways at different times and relates this to understanding men's health practices including access (or not) to health promotion services.

4.9.1 Critical questions about client-centred approaches to health promotion: the case of adolescents and sex education

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Dublin, Ireland. Co authors: Etaoine
Howlett & Dymphna Brady

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Abstract:

This paper concerns one aspect of the findings from a qualitative study involving 29 focus group interviews with a convenience sample of 226 secondary school pupils. The study aimed to explore post-primary pupils' perspectives on sex education and sexuality. Our focus in this presentation is on what type of sex education participants stated they would like within school-based programmes. The notion of consulting client groups on their self-defined health education needs is now well-established in contemporary health promotion/education models. These models tend to advocate client-centred approaches to health education, as a way of counteracting the hierarchical and elitist tendencies of 'medical' or behaviourist approaches. This bottom-up rather than top-down approach has generally been presented in health promotion literature as a positive and empowering strategy for promoting health, with reservations largely directed at its practical application rather than its theoretical foundations (Naidoo & Wills 2000; Ewles & Simnett, 2003). However, we found that this health education approach might

well reproduce disempowerment and inequalities if embraced in an uncritical manner in health care practice. Clients, in this case adolescent boys and girls, reported gendered 'needs' in terms of sex education, with girls advocating more content on the wider context of sex and sexual relations, while boys favoured greater input on sexual technique and performance. In particular, many of the boys' accounts were mediated by traditional versions of masculinity, and their health education needs about sexuality, if taken on board, would serve to reinforce a phallogentric sense of male dominance. We argue that health promotion models adopted by nurses that are premised on meeting the self-defined 'needs' of client groups ought to give greater attention to the manner in which dominant (and potentially oppressive) discourses in clients' cultural milieu provide socially constructed (human-made) 'scripts' that have an impact on how 'needs' are constructed.

Recommended reading:

- Ewles, L. & Simnett, I. (2003) Promoting Health: a Practical Guide (5th edition) London: Bailliere Tindall.
- Naidoo, J. & Wills, J. (2000) Health Promotion: Foundations for Practice. London: RCN with Bailliere Tindall.

4.9.2 A survey of school health nurses in Wales regarding their role in public health

Carwen Earles, Head of Child Health
Centre, School of Health Science,
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Abstract:

As public health and promotion are seen as key factors for child health, the school nurse was cited as a primary professional in public health in government documents (Department of Health 1999). Thus innovation is required to crossover the boundaries of conventional health services to achieve the public health agenda and school health nurses are in an ideal position to provide links between services (DeBell and Jackson 2002). This will enable school health nurses to contribute to the public health agenda for the school population. Although the literature highlights the importance of a public health role for school health nurses, this may not be a true reflection in practice (Clark et al 2000), hence the study. The research study focuses on: 1. To what extent do school health nurses in Wales undertake a public health role. 2. What are the roles and responsibilities of the school health nurse. 3. What education and training have they received for this. The sample was all school health nurses in Wales working within the national health service and education authority sector. Questionnaires were utilised as the most appropriate tool to meet the research questions in this study. It provided the means to include the views of all school health nurses in Wales. The findings from the project will provide mainly quantitative data but also some qualitative data on the individual school health nurses's profile, public health role and education and training. The data will be statistically analysed using SPSS. The project should provide valuable data and aid the future planning and delivery of school health nurse services in Wales. It would also identify their education needs.

Recommended reading:

- Clark, J. et al (2000) Recognising the Potential: The Review of Health Visiting and School Health

Services in Wales. Cardiff. National Assembly of Wales.

- Department of Health (1999) Making a difference. London. HMSO.
- DeBell, D. and Jackson, P. (2002) School Nursing within a public health agenda: a strategy for practice. London. CPHVA.

14.00 – 15.30

Concurrent session 5

5.1.1 Investigating the care trajectory of elderly patients with comorbidities in the acute care setting

Glenn Gardner, Professor of Clinical Nursing, School of Nursing, Queensland University of Technology, Brisbane, Australia. Co author: Sonya Osborne

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Abstract:

This paper reports the findings from research into management of patients with chronic co-morbid illnesses in the acute care environment. The changing demographics of the health care consumer present the profile of an aging population with a related growth in the number of people who are living with one or more chronic illness/s. When these patients are admitted to hospital for acute care the imperatives of the hospital environment and the focus on biomedical specialisation can compromise the ongoing needs of their chronic conditions. The patient's primary diagnosis determines the admission process, destination and medical focus. Nurses play a key role in coordinating care for these patients whose multiple chronic conditions can potentially demand competing health care requirements and cross specialty boundaries. This coordinating role has not to date been fully explored and the social and clinical outcomes for elderly patients with chronic diseases who enter hospital for acute illness, are not well documented. The study employed case series methodology. This approach is an important interface between clinical practice and epidemiology and is the appropriate methodology when little is known about a topic. Data were collected from a purposeful sample of 8 "cases" - consenting patients who met the selection criteria. Data included survey of health care records, structured interviews with patients, carer/family member and primary nurse. Data were analysed within and across the cases to identify patterns and systems of care and issues. The findings from this research build upon the existing knowledge related to co-morbidities in the elderly patient, provide an evidence base to inform the management of these co-morbidities both during and after an acute admission to hospital, and build hypotheses and problem definition to inform subsequent, intervention studies to improve health care outcomes for patients who have co-morbid illness in the acute care environment.

Recommended reading:

- Williams, A. and Botti M. (2002) Issues concerning the on-going care of patients with co-morbidities in acute care and post-discharge in Australia: a literature review. *Journal of Advanced Nursing*, 40 (2), 131-140.
- Sager, M.A. and Rdborg M.A. (1998) Functional decline associated with hospitalisation for acute illness. *Clinics in Geriatric Medicine* 14 (4), 669-679.
- Snow, L. Walker, M. Ahern, M. O'Brien, E. Saltman DC (1999). Functional status and health service planning. *Journal of Quality in Clinical Practice* (19), 99-102.

5.1.2 Caring for older people in pre-hospital emergency care: can nurses make a difference?

Vidar Melby, Senior Lecturer, Department of Nursing, University of Ulster, Derry, Northern Ireland

✉ v.melby@ulster.ac.uk

Abstract:

Aim of Presentation: The aim of this paper is to challenge the thinking around existing pre-hospital emergency care services, by outlining findings from an exploratory study of older people's experiences in pre-hospital emergency care in Scandinavia. Participants will be engaged in a discussion on benefits and difficulties associated with developing a nurse-led ambulance service.

Background: There is little research on the quality of care older people receive in pre-hospital emergency care. Older people often present with multiple pathology and diverse needs that nurses are well equipped to deal with, but there is no present set role for nurses in pre-hospital emergency care in the United Kingdom. Other countries such as Sweden and Norway are developing this nursing role.

Methods: Data were collected at sites in Sweden and Norway. Focus group interviews were conducted to enable the collection of data from paramedics (n=4), ambulance nurses (n=5) and nursing students (n=4). Older people (n=11) recently admitted through the emergency services were interviewed on an individual basis.

Results and discussions: Older people were generally satisfied with the care they received from ambulance staff. While paramedics were somewhat sceptical, there was overall agreement amongst nursing students, paramedics and ambulance nurses that nurses had the training to undertake a holistic assessment and thus facilitate accurate diagnosis and care of a multitude of older people's needs.

Conclusions: If older people's needs are addressed holistically in the pre-hospital field, a reduction in readmissions and increased functional ability may be achieved. Comprehensive training is required for ambulance staff to enable them to meet such needs. While nurses have a great foundation for this care, additional specialist pre-hospital emergency training is required, alongside a need for education on older people's needs and attitudes to older people.

Recommended reading:

- Clark M.J. & Fitzgerald G. (1999) Older people's use of ambulance services: a population based analysis. *Journal of Accident and Emergency Medicine* 16, 108-111
- Moons P., Arnauts H. & Deloos H.H. (2003) Nursing issues in care for the elderly in the emergency department: an overview of the literature. *Accident and Emergency Nursing* 11, 112-120.
- Melby V. (2001) The adrenaline rush: nursing students' experience with the Northern Ireland Ambulance Service. *Journal of Advanced Nursing* 34, 727-736.

Senior Lecturer in Emergency Care. Published widely in Emergency Care. Involved in inter-institutional and international collaborations.

5.1.3 A study to determine the appropriate case mix for a district nurse-led elderly hospital at home team

Margaret Edwards, Lecturer, Florence Nightingale School of Nursing & Midwifery, King's College London, England.

✉ margaret.edwards@kcl.ac.uk

Abstract:

The development of intermediate care services is a major health policy priority in the United Kingdom but knowledge pertaining to appropriate patient selection remains underdeveloped. This study aimed to determine the appropriate case mix for a district nurse-led elderly hospital at home scheme, using logistic regression to identify predictor variables for successful discharge from the caseload. Logistic modelling was accompanied by a rich description of contextual features that were thought to affect patient outcomes. Predictor variables were selected from retrospective case-note review and from data held on a south London primary care trust electronic database. From data derived from a sample of 177 patients (derivation set) forward and backward stepwise algorithms were used to model the outcomes: patient 'in usual place of residence 14 days post admission to the caseload' and patient 'in hospital by 14 days, 28 days and 90 days'. The models were tested with a further 183 patients subject to the same inclusion criteria (validation set). For the derivation set the 'best' predictors for 'in usual place of residence' were: Barthel Index scores, no history of falls and no previous contact with the physiotherapy service. In cross validation the sign of the coefficient was reversed for the variable 'previous contact with the physiotherapy service'. Satisfactory predictors for admission to hospital could not be obtained in this sample. The heterogeneous characteristics of older people appear to militate against the development of specific theories to predict successful outcomes for hospital at home, though larger studies are needed. However, residual analysis may be useful in identifying sub groups of patients with differing care needs. The study also raises questions about the use of routinely collected data for research and audit, the utility of the Barthel Index, measures of mood and the rehabilitation needs of older people.

Recommended reading:

- Shepperd S. & Iliffe S. (2003) Hospital at home versus in-patient hospital care. (Cochrane Review) Update Software. Oxford.
- Wilson A., Parker H., Wynn A., Jagger C., Spiers N., Jones J. & Parker G. (1999) Randomised controlled trial of effectiveness of Leicester hospital at home scheme compared with hospital care. *BMJ* 319, 1542-1546.
- Edwards M. & Dyson L. (2003) Can district nurses deliver intermediate care? *Primary Health Care Research and Development* 4, 353-364.

5.2.1 Are you depressed? The wrong question for the diagnosis of late life depression

Heather Burroughs, Research Associate, School of Primary Care, Manchester University, Manchester, England. Co author: Carolyn Chew-Graham

Abstract:

Depression is the most prevalent mental health problem in later life, affecting around 10-15% of older people living at home (1). Depression worsens the outcome for co-morbid physical conditions and reduces the quality of life of affected individuals (2). There is evidence that depression in later-life is poorly recognised and managed in primary care (3). As part of a trial* of a new intervention for the management of patients with late life depression, a qualitative component was used to explore reasons how depression in late-life is currently detected and managed in primary care. Interviews were carried out with primary care workers including practice nurses, district nurses [all of whom are able to refer patients into the trial], elderly care team members and general practitioners. Thematic analysis of the interviews will be presented, particularly exploring practitioner views on the causes of depression in the elderly and the difficulties encountered in making the diagnosis and negotiating this with the patient. Practitioners' insights into the current opportunities and resources for the successful management of late-life depression in primary care will be outlined. Our data will provide explanations for the widely reported inadequate management late-life depression in primary care. * PRIDE trial : PRimary care Intervention for Depression in the Elderly [A feasibility study of a new model of care for elderly patients with depression] Funded by the Department of Health.

Recommended reading:

- (1) Beekman AT, Copeland JR, Prince MJ. Review of community prevalence of depression in later life. *British J Psychiatry* 1999; 174:307-11.
- (3) Unutzer J, Diagnosis and Treatment of Older Adults with depression in Primary Care. *Biol Psychiatry* 2002; 52: 285-92.
- (2) Pennix BW, Geerlings SW, Deeg DJ, van Eijk JT et al. Minor and major depression and the risk of death in older persons. *Arch Gen Psychiatry* 1999; 56: 889-895.

5.2.2 Perspectives on electroconvulsive therapy: the work of mental health nurses

John Gass, Senior Lecturer, Department of Nursing & Midwifery, The Robert Gordon University, Aberdeen, Scotland
✉ j.gass@rgu.ac.uk

Abstract:

This research explored how mental health nurses work with patients having electroconvulsive therapy (ECT). Adopting a 'hybrid' approach for grounded theory influenced by Glaserian (Glaser 1992, 1998) and Straussian (Strauss and Corbin, 1990) perspectives, twenty four mental health nurses working in adult settings were surveyed through purposive, then theoretical sampling using non-participant observation and unstructured interviews. Three descriptive categories developed were 'drama', 'roles' and 'dilemmas'. The 'drama' has three stages. There are two categories of 'roles': relational roles including 'information-

giver', 'persuader' and 'supporter' and treatment roles involving 'theatre work', 'gatekeeping' and 'forcing'. The two 'dilemmas' were: 'uncertain role' and 'uncertain relationships'. The former characterised by role dissonance was unique to ward nurses in the treatment setting. The latter was nurses' concern about negative consequences of 'forcing' treatment upon their relationships with patients. 'Being there', the core category comprised three ideal types 'engaged' (humanistic), 'present' (professional) and 'detached' (aloof). 'Being there' is dimensional and offers an explanation for nurses' behaviour with patients in the drama; including roles acted, approaches taken with difficulties encountered and, paradoxically, how this contributes to these. 'Slipping' is postulated as the basic social psychological process of movement along the dimension and how nurses manage their involvement with patients. This research extends our understanding of nurses' work with patients having ECT. It highlights several aspects of practice that are important: the challenge when nurses seek to develop humanistic relationships with patients, the limitations of 'detached' care, support and supervisory relationships and essential skills awareness in the treatment environment.

Recommended reading:

- Glaser, B.G. (1992) *Emergence vs Forcing: Basics of Grounded Theory Analysis*. Mill Valley, California. Sociology Press.
- Strauss, A.L. and Corbin, J.M. (1990) *Basics of Qualitative Research*. Newbury Park, California. SAGE Publications Inc.
- Glaser, B.G. (1998) *Doing Grounded Theory: Issues and Discussions*. Mill Valley, California. Sociology Press.

5.2.3 Understanding the meaning of mental health and illness in an urban Nicaraguan barrio: A focused mini-ethnography

Rick Zoucha, Associate Professor, School of Nursing, Duquesne University, Pittsburgh, PA, USA. Co authors: Leah Vota Cunningham & Janet Gross
✉ zoucha@duq.edu

Abstract:

The focus of this qualitative focused mini-ethnography research study was to discover the meaning of mental health/illness from the unique cultural perspective of Nicaraguans living in an urban barrio. It is crucial for nurses to understand the cultural meaning of mental health/illness in order to limit the effects of disparity and promote culturally specific actions to promote health. In Nicaragua, there are very little economic resources for health care and even less for the treatment of mental illness and promotion of mental health. In understanding the meaning of mental health and illness, strategies can be developed within the economic and political environment that can be useful to nurses and the community. Method: The method included: observation-participation, writing and interpreting field notes, semi-structured interviews and focused groups were used to elicit an understanding of the meaning of mental health and illness for the unique cultural perspective of the informants. Leininger's Four Phases of qualitative data analysis were used for this study. Population: A voluntary sample of twenty informants was included in the study. Six in-depth interviews and one focus group of Nicaraguan nurses with a history of working in the community were conducted for inclusion for

data analysis. Field notes were used in the analysis of data. Research Questions: What are the cultural perceptions and meaning of mental health of residents of an urban Nicaraguan community? What are the cultural perceptions and meaning of mental health and illness of residents of an urban Nicaraguan community? Findings: The major theme uncovered was that mental health was viewed as the absence of psychopathology (culturally defined). Issues of depression, anxiety and stress even if extreme were viewed as part of living and one was mentally healthy if they did not experience the loss of reality or disturbed thoughts.

5.3.1 People who access services and their role in inter-professional learning

Sian Maslin-Prothero, Senior Lecturer, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co author: Steve Dear
✉ semp@soton.ac.uk

Abstract:

Throughout the world, collaboration and partnership are key words used by governments, practitioners, consumers and policy makers when discussing the way forward in relation to improving health and social care (Department of Health (DOH)1999; DOH 2001). This paper will present findings from a research project in one of the four leading edge sites for interprofessional education in England (DOH 2002) on developing partnerships and co-operation between patients, their carers and families and NHS staff. The sample was selected by invitation through advertising and snowball technique across the south coast. Focus groups (n=15) and individual interviews (n=9) with people who access services have been undertaken to elucidate their contribute to this programme. Data was analysed using thematic content analysis and four areas have been identified as ways in which people who access services want to contribute to interprofessional education: learning about the individuals experience; helping to develop learning tools; shared learning; and participation in the development and evaluation of programmes. This paper will explore: the policy context, the research project & its findings, the tensions & realities of collaborative working, and discuss the way forward. Involving people who access services in health care decisions and research presents a challenge for nurse researchers, educators and practitioners, and whilst this paper will present some evidence of direct and indirect forms of involvement in nursing, it also identifies that there continues to be room for improvement. Having health care policy in place is not enough, there needs to be a strategy for involving people who access services more effectively in all aspects of education, research and practice. This research demonstrates that there are different definitions and understandings of participation, and that the impact of participation will vary across different groups and tasks.

Recommended reading:

- Department of Health (1999) *Patient and public involvement in the new NHS*. London, Department of Health
- Department of Health (2002) *Joint Training for Health Professionals*. Press Release (14 February 2002) Press ref 2002/0078. London, Department of Health

- Department of Health (2001) Investment and Reform for NHS Staff – Taking forward the NHS Plan. London, DOH

5.3.2 Attitude and opinion changes amongst nursing students following an inter-professional curriculum: a longitudinal study in one faculty in England

Katherine Pollard, Research Fellow, Faculty of Health and Social Care, University of the West of England, Bristol, England. Co author: Margaret Miers & Mollie Gilchrist

✉ katherine.pollard@uwe.ac.uk

Abstract:

In September 2000 the Faculty of Health and Social Care, University of the West of England, Bristol (UWE), introduced an interprofessional curriculum for its ten pre-qualifying professional programmes: midwifery, social work, physiotherapy, radiotherapy, diagnostic imaging, occupational therapy, adult nursing, children's nursing, mental health nursing and learning disabilities nursing. In September 2001, the Faculty commenced a multi-study research programme to evaluate this curriculum, to contribute to the evidence base concerning the effectiveness of interprofessional education (Freeth et al 2002). A longitudinal quantitative study in the programme explores students' attitudes and opinions towards interprofessional learning and working through the UWE Interprofessional Questionnaire. The study population comprises all students who entered the Faculty in 2001. Data collection points are: 1) on entry; 2) at mid-point; 3) on qualification; 4) after nine months' qualified practice. This paper presents findings from data collection points 1-3 (n=852), focusing particularly on students from nursing programmes (n=571). At the second data collection point 537 students completed questionnaires (473 from nursing programmes). The third round of data collection finishes in December 2004. Response rates were 90.4% and 86.4% respectively for data collection points 1 and 2. The validity and reliability of four attitude scales in the questionnaire have been established: areas addressed are student confidence in communication and teamwork skills, views about interprofessional learning and opinions about interprofessional interaction and interprofessional relationships. Scale responses were analysed in relation to demographic factors and programme choice, as were change in responses over time (Bryman and Cramer 2001). This paper focuses on these changes, and on differences in response from students from different professions (particularly between students on the four nursing programmes, and between those on nursing and other programmes in the Faculty). The implications for nursing in the wider context of a changing health and social care workforce are considered.

Recommended reading:

- Bryman A, Cramer D (2001) Quantitative Data Analysis with SPSS Release 10 for Windows Routledge, Hove
- Freeth D et al (2002) A Critical Review of Evaluations of Interprofessional Education Learning and Teaching Support Network: Health Sciences and Practice, London

5.3.3 Thinking across professional boundaries: Strengths, weaknesses, opportunities and threats posed by the development of a postgraduate inter-professional educational research initiative

Ann Wakefield, Lecturer in Nursing, School of Nursing, Midwifery & Health Visiting, The University of Manchester, Manchester, England. Co authors: Peter Callery & Isobel Braidman

✉ ann.b.wakefield@manchester.ac.uk

Abstract:

Background: Expecting health professionals to work together successfully only when patient care demands, is unreasonable, as interdisciplinary tribalism and occupational stereotypes are often already firmly embedded within an individual's personal and professional ideologies^{1,2,3,4,5}. One way to overcome this is by introducing postgraduate interprofessional teaching and learning. This paper will therefore examine in detail the results of a SWOT analysis undertaken by students as part of a study to examine the introduction of an inter-professional learning project within postgraduate healthcare education.

Aim: By using interprofessional team working, the project aimed to encourage students to learn about each other's philosophies of care and patient management priorities.

Objectives: The objectives were to 1. Foster collaborative learning and engender cross boundary communication 2. Offer students the opportunity to think outside recognised professional boundaries 3. Evaluate the effectiveness of interprofessional education

Methods: An opportunistic sample of 12 students from clinical psychology nursing medicine physiotherapy and radiography completed the full study. They were required to examine two PBL based cases, working in four interprofessional groups. Group discussion, interactions and activities were recorded by flip charts, audio recordings, and field notes. Students completed two questionnaires examining their confidence in and preference for working in interprofessional groups. Participants then reflected upon their learning experience and interprofessional learning generally by undertaking a SWOT analysis. Results Initial analysis demonstrates that joint learning: 1. Was a positive learning experience, with advantages over uniprofessional learning, as participants were required to actively listen to other philosophies of care. 2. Allowed students to gain insight into their own role and appreciate the importance of other health providers. 3. Generated an appreciation of team working and new ways of working.

Conclusions: Given the success of the project, it is intended that similar interprofessional learning becomes mandatory to clinical postgraduate education across the faculty.

Recommended reading:

- 1. Glen S. & Leiba, T. (2002) Multi-professional Learning for Nursing Breaking the Boundaries. Palgrave, London
- 3. Mason, EJ. & Parascondola, J. (1972). Preparing Tomorrow's Health Care Team. Nursing Outlook. 20 (11): 728-713.
- 2. Bligh, J (1979). Some Principles for Interprofessional Learning and Teaching. University of Nottingham, Nottingham.

5.4.1 How do nurses engage in online learning?

Shalni Gulati, PhD Candidate, Department of Continuing Education, City University, London, England.

✉ s.gulati@city.ac.uk

Abstract:

This presentation intends to share the findings of an ongoing doctorate study that explores how post-graduate learners, including nurses engage in online learning. The focus of the presentation is on how practicing and student nurses engage in online learning. Research and literature review indicates that contemporary online learning practices may be based on assumptions about how learners experience and construct their learning (Gulati 2004). In particular, the prevalent practices that view active participatory behaviour in online discussions as necessary for social constructivist learning, may give limited attention to contextual complexities of social interaction and knowledge construction for practicing nurses (Williams 2004). Questions raised by the study and this presentation include: How do learners on professional online courses engage in learning? Does the nature of nursing practice affect engagement for nurses? Do learners who are silent in online discussions engage differently as compared to active participants? Can answers to these questions offer suggestions for future online pedagogy developments? The study fieldwork includes qualitative interviews and factorial analysis of individual repertory grids, with 30 postgraduate online learners. The personal construct theory described by Kelly (1970) guides the study methodology. Kelly (1970) suggests that each individual has a representational model of how they perceive the world around them. Individuals' constructions influence how they interact in different contexts while deconstructing and reconstructing their representations. The presentation demonstrates how this theory has helped to develop learning representations for 30 online learners, to gain an insight into differences and similarities in engagement. The presentation provides results from the initial analysis, and identifies implication for nurse education and practice. The emerging recommendation is to embed and integrate online and offline learning within professionals' practice. The presentation welcomes feedback from peers and discussion of current practices.

Recommended reading:

- Gulati (2004) Constructivism and Emerging Online Learning Pedagogy: A discussion for formal to acknowledge and promote the informal. Paper presented at the UACE 2004 conference at University of Glamorgan, Wales. Available online: <http://www.yourlearning.c>
- Williams, B. (2004) Participation in on-line courses - how essential is it? Educational Technology & Society, 7 (2), 1-8.
- Kelly, G. A. (1970) A Brief Introduction to Personal Construct Theory. Chapter 1. In Bannister, D (ed.) Perspectives in Personal Construct Theory. London. Academic Press.

5.4.2 Online learning developments in healthcare education in the USA

Shalni Gulati, PhD Candidate,
Department of Continuing Education,
City University, London, England.

✉ s.gulati@city.ac.uk

Abstract:

This presentation intends to share the key findings of a project that aimed to learn about e-learning developments in healthcare education in the USA. The project was supported by the Winston Churchill Travel Fellowship and was completed in November 2003. The project included visits to nine US institutions, to learn of their diverse philosophies and implementation agendas driving the e-learning developments. The initial plan was to analyse e-learning developments using course information on the internet, before each visit to prepare a set of questions. However as each visit unfolded, the vast differences among how institutions managed their developments called for an alternative methodology. The final sample included meetings and unstructured interviews with 40 staff and learners. It also included observing online interfaces of nursing, physical therapy and medicine courses. The result was a case study approach to understand e-learning developments in each institution. The final project analysis includes two parts. The first part included case study description of each institution, including quotes and remarks made by the academics and technical staff. The second part was an analytical reflection of the differences and similarities among institutions, with the aim to seek an understanding of why they chose the specific e-learning route and how these choices have influenced learning for their learner groups. The final project report is available free under the Creative Commons Licence. It can be downloaded online in an e-book format at <http://www.yourlearning.com/churchillfellowship.html>. Academics and practitioners can use the case studies to learn from examples of different infrastructures and pedagogical developments for healthcare professionals.

Recommended reading:

- Gulati, S. (2004) Online Learning Developments in Healthcare Education in the USA. Winston Churchill Travel Fellowship Report. London. Available online: <http://www.yourlearning.com/churchillfellowship.html>

5.4.3 Can 'Learndirectuk' help student nurses? An evaluation of first year student nurses use of a national resource to develop mathematic skills for nursing practice

Carol Hall, Senior Health Lecturer, School of Nursing, University of Nottingham, Nottingham, England. Co authors: Sian Davies & Christopher Jones

✉ c.hall@nottingham.ac.uk

Abstract:

Mathematics in nursing is essential to ensure that even basic care is managed effectively. Numeric knowledge is employed in every aspect of meeting needs, from patient monitoring and comparing normal values, to calculating medicine dosages or fluid throughput. Recognising the importance of this knowledge, the Nursing and Midwifery Council (NMC, 2002) include numeracy as a key skill in com-

petencies required for entry to the professional register. However, contemporary literature identifies that despite its essential nature, lack of confidence in numeracy remains an international concern within nursing. (eg. Kapborg and Rosander, 2001; Sabin, 2002; Grandell-Neimi et al, 2003). This concurrent session will present research that evaluates whether student nurses use of a national numeracy resource enhances mathematical skill and confidence in relation to practice. It is an ongoing collaborative study including one University and a College of Further Education. A quantitative methodology is used to determine whether those who access learn-directuk materials in the first year of the Diploma in Nursing, score significantly differently in the School maths assessment from those who do not. The study also qualitatively evaluates whether students perceive that their participation develops mathematical skills useful for nursing practice. Comparative analysis of score data is achieved through non-parametric testing using Statistical Package for Social Sciences (Version 6). Content analysis of open questionnaires enables determination of learner perceptions. All students meeting study criteria are invited to participate. 104 students from two cohorts were included and approximately 50 students are expected in September 2004. To allow consideration of the variable 'motivation', first cohort students self selected to either intervention or control groups. In latter cohorts, distribution is randomised. This paper contributes to the development of knowledge and practice within health care. It offers contemporary research relating to the potential use of national resources in aiding development of skills for nurses.

Recommended reading:

- Sabin M (2002) 'Competence in Practice-Based Calculation: Issues for Nursing Education'. Occasional Paper No 3 London Learning and Teaching Support Network
- Kapborg, I Rosander R (2001) Swedish Student Nurses Solving Mathematical Items with and without the Use of a Hand-Held Calculator: A comparison of results. 'Journal of Advanced Nursing' 32 (4) 857-863
- Grandell-Neimi, H; Hupli, M; Leino-Kilpi, H Puukka, P; Medication Calculation Skills of Nurses in Finland. 'Journal of Clinical Nursing' 12 (4) 519-568

5.5.1 Using enquiry in learning: From vision to reality in higher education

Maria Horne, Lecturer in Health Visiting, The School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England. Co authors: Liz Morgan, Denise Megson, Kath Woodhead & Lynda Smithies

✉ Geraldine.Lyte@manchester.ac.uk

Abstract:

Objective This paper reports on the contribution of six nurse educators in an inter-professional project to build capacity for enquiry-based learning among academics in four universities. The focus of the paper is an evaluation of student and facilitator perspectives of using enquiry within a problem-based model of learning. Problem-based learning has become established in the health disciplines as a major learning strategy; however, there is still insufficient research-based evidence of its effectiveness from students and their facilitators (Barrow et al. 2002). Research Design Fourth Generation

Evaluation was used for the research. This is a qualitative evaluative approach using negotiation with participants as its core activity. It has wide appeal in health care, particularly in professional education, because it encourages dialogue, negotiation and empowerment for stakeholders (Guba and Lincoln 1989). Methods The nominal group technique was used with four groups (n = 121) of pre-registration diploma students and focus group interviews with 15 of their facilitators. Participants were recruited from one cohort of a programme which had just introduced problem-based learning. Both the nominal group technique and focus group interviews are forms of structured group activity which are designed to elicit the views of large and small groups (respectively) about a particular issue or topic (Robson 1993). Findings Several themes were identified in relation to the strengths, challenges and areas for development of enquiry-led learning activities. The consensus was that problem-based learning helped in the development of independent and higher order learning skills. However, problems and frustrations were identified in relation to group dynamics, access to resources and personal development. Conclusions The findings suggest that students and facilitators in this study favour the use of enquiry in problem-based learning, but that this needs to be supported with appropriate resources, particularly in relation to time for enquiry, group dynamics and facilitation. Intended learning outcomes: • To debate the usefulness of enquiry, within PBL, as it is applied in nursing. • To discuss the progress and pitfalls of PBL in healthcare education.

Recommended reading:

- Barrow EJ, Lyte G and Butterworth T (2002) An evaluation of problem-based learning in a nursing theory and practice module Nurse Education in Practice 2 pp55-62.
- Robson C (1993) Real World Research Oxford: Blackwell Publishers.
- Guba EG & Lincoln YS (1989) Fourth Generation Evaluation California: SAGE Publications.

5.5.2 From hospital to home. Perceptions of neurological patients and carers about nursing orientation for social life

Maria Carmen Portillo, Lecturer, School of Nursing, University of Navarra, Pamplona, Spain. Co authors: Jennifer Wilson-Barnett, Sarah Cowley, Juana Mari Senosiain, Mari Mar Alzate, Ana Belen Zudaire, Amaia Garzaron & Rocío Ortiz

✉ mportillo@unav.es

Abstract:

Neurological diseases such as Stroke, Parkinson's and Multiple Sclerosis cause major physical and social impairment to patients and relatives (1). Professional advice is needed to recover social life and reintegrate into the Community. Nursing should play a very important role in providing this orientation at Primary and Tertiary levels (2). This paper aims to describe the perceptions of a group of neurological patients and relatives regarding nursing care before discharge comparing them with the perceptions of a second group of patients and relatives that received social care and orientation before discharge. Data were collected through semi-structured interviews in a Neurological Nursing unit of the 'Clínica Universitaria de Navarra' in

Spain and at patients' homes. Data form part of an Action Research study (January 2002-June 2004) that used Comparative content analysis (3). Two convenience samples of 22 and 18 patients and 23 and 18 relatives constituted the first and second groups respectively. A new nursing educational programme given to the second group mainly involved social assessment, provision of written information (leaflets/brochures), telephone contacts and addresses, guidelines for social activities, and orientation for social resources. Most participants in the first group felt that they had not received any social care. However, the second group identified the new nursing interventions. Participants that had received leaflets/brochures felt informed. Additionally, telephone contacts and guidelines were especially valued by stroke patients and relatives, whilst most participants considered social assessments and guidelines for social life useful and as some proof of professional interest in their lives at home. This study demonstrates that clinical nurses could ease clients' life at home by developing discharge planning and assessing clients' social needs. Further communication between Primary and Tertiary care professionals is advocated to ensure the continuation and evaluation of patients' and relatives' adjustment.

Recommended reading:

- Pound P, Gompertz P, Ebrahim S (1998) A patient-centred study of the consequences of stroke. *Clin Rehab* 12: 338-347.
- Miles M B, Huberman A M (1994) *Qualitative data analysis: an expanded sourcebook*. 2nd Edition. London: Sage publications.
- Portillo MC, Saracibar MI, Wilson-Barnett J (2002) Estudio desde la percepción de pacientes y familiares del proceso de participación informal en el cuidado después de un ictus: metodología y primeros resultados. *Enf Clin* 12 (3): 94-103.

5.6.1 Nursing the clinics, nursing the patient: Nurses' experience of day hospital chemotherapy

Sonja McIlfatrick, Lecturer in Nursing, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland.
Co authors: Kate Sullivan and Hugh McKenna

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Abstract:

Despite the many changes taking place in cancer care delivery little research has been conducted on nurses' experience of working in more acute cancer treatment settings. Research conducted to date has tended to focus on the role of nurses in wards, hospices and palliative care settings.

Aims & Objectives: This study sought to explore the nurses' experience of a day hospital chemotherapy service in an acute general hospital in Northern Ireland and how this compared with their experience of working in an inpatient setting.

Design: This Heideggerian hermeneutic phenomenological study explored nurses' lived experience of day hospital chemotherapy service.

Method: Face to face focused in-depth interviews were conducted with the total population of nurses who worked in the day hospital at the time of data collection (n=10). Data analysis involved a two-staged approach, the analysis of narratives and narrative analysis, based on the work of Polkinghorne (1995).

Conclusions: The nurses' viewed their experience of the chemotherapy day hospital as having both positive and negative dimensions. The positive dimensions included an increased sense of autonomy and the challenge of developing new skills, while the negative dimension included a perceived decrease in their caring role;

The individual characteristics of the nurse were seen to have a key influence on caring experience.

Role changes led to a perceived dichotomy between their actual and aspired role and their caring and clinical role. Relevance to Clinical Practice

There is a need to achieve a balance between delivering a clinical role (administering chemotherapy) while maintaining the centrality of the nurse-patient relationship. This can be likened to achieving a balance between 'nursing the clinic' alongside 'nursing the patient'. These findings have implications for the discourse on caring within other outpatient type clinics and discourse on cancer nursing as therapy and the culture of the cancer clinic.

Recommended reading:

- Allan, H. (2002). "Nursing the clinic: being there and hovering: ways of caring in a British fertility unit." *Journal of Advanced Nursing* 38(1): 86-93.
- Haberman, M. R., Germino, B.B., Maliski, S., Stafford-Fox, V. & Rice, K. (1994). "What makes oncology nursing special? Walking the road together." *Oncology Nursing Forum* 21(8): 41-47.
- Corner, J. (2002). "Nurses' experience of cancer." *European Journal of Cancer Care* 11: 193-199.

5.6.2 Enhancing cancer trial management: an intervention study of the impact of providing information and support to patients in phase I and II anti-cancer drug trials at trial conclusion

Karen Cox, Professor in Cancer & Palliative Care, School of Nursing, Nottingham University, Nottingham, England. Co authors: Eleanor Wilson, Lynn Osborne & Katherine Clayton

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Abstract:

Previous research indicates that cancer trial conclusion is a difficult time for patients, when they experience feelings of abandonment, have unmet information needs and would like feedback about the trial in which they took part (Cox 2000). This paper presents the main findings from a project that developed and evaluated a nurse-led intervention (trial exit interviews, trial feedback leaflets and telephone follow-up support) for improving the management of trial conclusion. Using a randomised controlled trial design 97 patients were assigned to receive the intervention or standard information and support at trial conclusion. The impact of the intervention was assessed using a self-report questionnaire on trial experiences, quality of life questionnaires (the RSCL (de Haes et al 1990) and the HADs (Zigmond and Snaith 1984)) and an in-depth interview. Data were collected at the point of trial conclusion and 4-6 weeks follow-up. Data was analysed both quantitatively and qualitatively, as appropriate, with comparisons being made between and within the groups. The study found that the structured way of handling trial conclusion had a positive impact on patients' and

families' experiences of trial conclusion. Intervention group patients' experienced enhanced psychosocial outcomes in terms of increased satisfaction with care received, an increased understanding of the outcome of the trial and what had happened to others and an increased understanding about follow-up plans and a reduction in anxiety from trial conclusion to follow-up. Intervention patients were less likely to talk about feeling abandoned at the end of the trial and had a better understanding of follow-up plans. A number of recommendations are made in relation to how the findings from this work can be used to inform and develop clinical practice when planning and providing on-going nursing care and information for patients who have participated in early phase cancer clinical trials.

Recommended reading:

- Cox, K. (2000) Enhancing cancer clinical trial management: Recommendations from a qualitative study of trial participants' experiences. *Psycho-Oncology* 9: 314-322.
- Zigmond, A. S. and Snaith, R. P. (1983). The Hospital Anxiety and Depression scale. *Acta Psychiatrica Scandinavica* 67: 361-370.
- De Haes, J. C., Van Knippenberg, F. C., Neijt, J. P. (1990) Measuring physical and psychological distress in cancer patients: structure and application of the Rotterdam Symptom Checklist. *British Journal of Cancer* 62:1034-1038.

5.6.3 Identifying the education and information needs of patients about genetic predisposition to cancer

Alison Metcalfe, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England. Co authors: Julie Werrett & Lucy Burgess

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Abstract:

One in three people develop cancer during their lifetime although only 5-10% of the general population is likely to have a genetic predisposition to cancer. This project was developed for two reasons. Firstly, patients at high risk of inherited predisposition to cancer report needing more information to assist their decision-making about genetic testing and lifestyle choices(1). Secondly, genetic counselling units have reported a dramatic increase in patients referred for risk assessment. In many cases patients are low risk and by improving information about genetic cancer predisposition the number of referrals could be substantially reduced and unnecessary anxiety prevented. The project aims to identify the information needs of patients to inform the development of a multi-media education programme about genetic predisposition to breast, ovarian and colorectal cancer. Semi-structured telephone interviews were conducted with a cohort of patients responding to an invitation letter to take part. Each participant was interviewed twice pre and post their genetic counselling. To triangulate the data, focus group interviews with healthcare professionals were used to identify their perceptions of patient's needs. All interviews were audio-recorded, transcribed and analysed using grounded theory. Thirty-five participants (44% response rate) with different types and levels of risk of a genetic predisposition to cancer were interviewed and three focus groups with health professionals took place. Themes emerging were based on; expectations and understanding of genetic counselling, sources used for information and patients difficulties under-

standing the information presented. The health professionals corroborated findings from patient interviews although some differences emerged. Overall, important issues for nursing practice and education in oncology, general practice, palliative care and patient information provision generally were raised. Especially in light of the current policy on the reduction of healthcare inequalities which directs attention to the need for more and better information(2) with an emphasis on patient autonomy and choice.

Recommended reading:

- Collins, V, Halliday, J et al., (2000) Assessment of education and counselling offered by a familial colorectal clinic. *Clinical genetics*. 57:48-55
- Saving Lives: Our Healthier Nation (1999) Department of Health, HMSO, UK

5.7.1 The nursing contribution to the development of critical care: Weaning from mechanical ventilation a nursing technology?

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Abstract:

Introduction: The history of intensive care reveals that units developed more by accident and coincidence than design. Pivotal to this development was the transfer of medical technologies from the operating room rather than the design of new and innovative equipment. This specialist area is considered 'high - tech' because of the vast amount of (medical) equipment present. Some of these technologies once the domain of the anaesthetist are now being used by nurses. The transfer of technology from medicine to nursing has been a topic of much debate (Sandelowski, 1996 – 2001). Central to the debate is the question of whether medical technology is simply a technology used by nurses and therefore a transfer of technology or is it a technology transformed by nursing for nursing and therefore becomes a nursing technology. Nurses do not have a useful or clear definition of nursing technology (Alexander & Kroposki 2001). Nursing and nurses' work can be described as invisible in the nursing literature. Invisible can mean hidden, uncovered, obscured, unseen and under valued. The use and control of technology is an important factor in the visibility of nurse's work.

Methodology: An ethnographic approach was utilised. Observation (as participant) was carried out over a period of six months in one intensive care unit (ICU) and one high dependency care unit (HDU). Nurses weaning from mechanical ventilation in ICU and weaning from respiratory support in HDU was observed. Preliminary results Continuity of care, team work, expertise and the focus of care were some of the themes emerging. A conceptual framework was derived from the literature and tested against the results.

Implications for practice: Examining the culture and context of the workplace is vital before new ways of working can be implemented. This presentation gives an overview of the research with emphasis on the background to the study and the preliminary results.

Recommended reading:

- Sandelowski M (1996) Tools of the Trade. Analysing technology as an object in Nursing

Practice. *Scholarly Inquiry for Nursing Practice* 10, (1): 5 – 16

- Alexander J & Kroposki M (2001) Using a management perspective to define and measure changes in nursing technology. *Journal of Advanced Nursing*, 25 (5): 776 – 783.
- Sandelowski M (2001) Devices and Desires: gender, technology and American Nursing. University of North Carolina, Chapel Hill, USA.

5.7.2 Caring and communicating in a short time: Discussion of findings from a study of an acute medical admissions unit

Pauline Griffiths, Senior Lecturer, School
of Health Science, University of Wales
Swansea, Wales

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Abstract:

Acute medical admission units (AMAU) have been set up across the UK over the last ten years in response to governmental initiatives to reduce waiting times in accident and emergency units, to ease pressure on acute medical beds, and to streamline services for medical staff especially since the reductions in doctors' working hours (Wood 2000). Using an ethnographic approach I sought understanding of the organisation of an AMAU and an inductive interpretation of the practice of nursing in the unit. Using analysis drawn from participant observation over a two year period, semi-structured interviews with nurses, doctors, patients, and paramedics (n=20), and documentary evidence this paper will discuss one key theme that emerged, that of 'caring and communicating in a short time'. Theoretical exhortations suggest that the nurse should develop therapeutic, close and indeed intimate relationships with the patient, for example Watson & Smith (2002). An AMAU setting however gives little time for such relationships and connectedness to occur (Sadler 1997). Nurses in my study describe their experiences and demonstrate their ability in 'getting to know the patient quickly'. Patients did not tend to know any individual nurse by name but saw them as collective entities that were all 'very nice and friendly'. Although patients valued 'having a chat' with the nurses they were pragmatic. They saw and heard that the nurses were busy but were confident that if they needed a nurse one would come. The nurses developed strategies that balanced their busyness and the need to prioritise care with needs for relationship building with their more clinically stable patients. Despite shortness of time the nurses' ability to interact in a friendly, and often humorous, manner whilst undertaking instrumental care found patients feeling satisfied, liked and cared for, and above all safe.

Recommended reading:

- Sadler, J (1997) Defining professional caring: a triangulation study. *International Journal of Human Caring*. Fall 1 (3): 12-21
- Wood I (2000). Medical assessment units in the West Midlands region: a nursing perspective. *Accident & Emergency Nursing* 8: 196-200.
- Watson J, Smith MC (2002). Caring science and the science of unitary human beings: a trans-theoretical discourse for nursing knowledge development. *Journal of Advanced Nursing* 37(5):452-461.

5.7.3 Leaving the coronary care unit a phenomenological exploration of the patient's experience

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Northern Ireland

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Abstract:

Introduction: Transfer from a Coronary Care Unit to a step-down ward is recognized in the literature as a potentially traumatic event for a patient recovering from myocardial infarction (Roberts,1986).

Aim: The purpose of this qualitative study, was to gain understanding and insight into the lived experience of transfer from the coronary care unit to the step down ward from the individual's perspective.

Method: A descriptive phenomenological approach was selected as the most appropriate methodology for the study (Parahoo,1997). Research ethics approval and access to patients was gained. A purposive sample of nine participants four male and five female, age range from 52 to 80, length of time spent in coronary care ranged from 36 hours until 70 hours, were interviewed using one broad opening question: Could you tell me in your own word's what was it like for you when you moved from coronary care to the main ward? An inductive research approach (Parahoo,1997) was used, with open questions and follow up probes to expand particular issues. Participants were interviewed in a quiet room in the step down ward twenty four hours following transfer from coronary care. Interviews were taped and transcribed. Data were analyzed using Colaizzi's seven stage framework for analyzing phenomenological data (Webb, 1999).

Findings: Findings demonstrated positive and negative feelings regarding pre-transfer, actual transfer process and post transfer. Each person's experience of transfer varies, but common stressors were identified. These may adversely affect coping abilities during the difficult process of adapting to illness and hospitalization. This was a small study, but it highlights a persistent clinical problem. Implications for nursing practice include the need for improved preparation and planning prior to transfer. Importantly, the needs and experience of individuals in the period following transfer from coronary care need to be assessed using an individualized, patient centered and holistic approach.

Recommended reading:

- Parahoo, K. (1997) Nursing research principles, process and issues. Hampshire: Macmillan press Ltd.
- Webb, C. Colaizzi's framework for analysing qualitative data. *Journal of Clinical Nursing*: Vol 8(5) p576-577
- Roberts, S.L. (1986) Behaviour concepts and the critically ill patient. 2nd Ed. Connecticut: Appleton and Large.

5.8.1 Whither survey research? The challenges of undertaking survey research among nurses within the current framework for research governance

Kate Gerrish, Professor of Nursing Practice Development, Community, Ageing, Rehabilitation, Education and Research, University of Sheffield, Sheffield, England. Co authors: Rosamund Bryar, Sally Kendal, Susan Read & Jo Cooke

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Abstract:

In April 2004 new requirements for research governance were introduced in England (Department of Health 2003). From this date all research involving NHS patients or staff has to be registered with each NHS organisation from where data will be collected and authorisation obtained from the Directors of Research before the research can commence. Trusts/PCTs have set up individual mechanisms for research governance approval with the result that there are no standardised procedures or documentation. Survey research involving the distribution of postal questionnaires to qualified nurses has been a popular research approach for many years. It provides an economical means of eliciting the views of a large number of participants over a wide geographical area. Gaining access to a sample of qualified nurses has, from the presenters' experience and published accounts of survey research, generally not been problematic. Normal practice has been to seek ethical approval and then negotiate with the Director of Nursing or equivalent in each organisation the most appropriate means of identifying the sample and distributing the questionnaire. Drawing upon data derived from the process of making research governance applications for two separate surveys involving qualified nurses in NHS Trusts/PCTs in several strategic health authorities in England, this paper will examine the implications of introducing research governance for this research method. An analysis of the application process, the time and resources (human and financial) required suggests that undertaking survey research is increasingly problematic in the current climate. Recommendations for changes in research governance policy will be proposed.

Recommended reading:

- Department of Health (2003) Research Governance Framework for Health and Social Care. London, Department of Health

5.8.2 Demystifying reliability and validity in research

Michael Traynor, Professor of Nursing, School of Health & Social Sciences, Middlesex University, London, England. Co authors: Bill Watson & Paula Roberts

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Abstract:

Research awareness has been heavily promoted as a professional virtue in nursing for a number of years yet it is commonly felt to include obscure practices and arcane terminology. This paper aims to contribute toward demystifying some key terms by providing historical context to their development, careful conceptual explanations and clear examples in use. It is aimed primarily at those relatively new to research. If research is to be

helpful it must avoid misleading those who use it. The credibility of research rests upon its trustworthiness, which is increasingly subject to rigorous scrutiny and external evaluation (Murphy and Dingwall, 2003). Two aspects of how researchers determine and, crucially, communicate the trustworthiness of research findings are through 'reliability' and 'validity'. This paper aims to demystify these elusive concepts, and give an overview of a range of approaches used in both qualitative and quantitative research. First we will explain these two concepts using a range of familiar analogies. Then we go on to contextualise their establishment by quantitative and qualitative researchers in terms of i) statistical developments during the nineteenth and twentieth centuries and ii) a need felt by some qualitative researchers to produce equivalent symbols of trustworthiness. The paper will go on to describe some basic principles of reliability and validity along with examples of the most commonly used statistical tests. Reliability: We will discuss tests across time or among different measurers and tests of the internal consistency of various tools. Validity: We will discuss Content validity, Criterion-related validity and Construct validity. Finally we will compare various schemas offered by qualitative researchers from different schools of thought, with simple examples in action.

Recommended reading:

- Murphy, E. & Dingwall, R. (2003). Qualitative methods and health policy research. New York: Aldine De Gruyter.

5.8.3 Statistical issues in research published in nursing journals

Nicola Crichton, Reader in Medical Statistics, Faculty of Health & Social Care, London South Bank University, London, England

✉ nicola@pduck.demon.co.uk

Abstract:

In the last 40 years there has been a huge increase in the use of statistics in health care research. A number of reviews of the use and misuse of statistics in medical journals, for example Altman (1991), have been published. There have been few reviews of the quality of statistical aspects of papers published in the nursing literature but articles such as Thomas and Bond (1995) and Anthony (1996) raise concerns about statistical aspects of both the design and analysis of nursing research studies. There have been many papers published in health care journals offering advice on how to design statistically sound studies and a plethora of articles on how to carry out widely used statistical analysis methods. Advances in statistical software have made these more complex analyses available to researchers without the need to consult a statistician for help with analyses. Has all this effort had any effect on the statistical quality of nursing research? This paper will report the findings of a review of quantitative studies published in the last five years in two UK and two US nursing research journals. The review aims to identify the variety and quality of the statistical analysis in these papers and includes papers about statistical methods as well as those reporting primary research, systematic reviews or scale development. The variety of statistical techniques used will be reported together with a review of the appropriateness of the use of these techniques and the consequences of inaccurate or inappropriate use. Examples will include problems of sampling and sample size as well as considering examples of problems with descriptive and inferential statistical analysis methods. The paper will illustrate how the

rigour of the study is affected by these statistical errors. Recommendations for education and for journal review processes will be made.

Recommended reading:

- Altman D.G. (1991) Statistics in Medical Journals: developments in the 1980s, *Statistics in Medicine*, 10, 1897-1913.
- Thomas L.H. and Bond S. (1995) The effectiveness of nursing: a review, *Journal of Clinical Nursing*, 4, 143-151.
- Anthony D. (1996) A review of statistical methods in the Journal of Advanced Nursing, *Journal of Advanced Nursing*, 24, 1089 - 1094.

5.9.1 Understanding phenomenology

Angie Titchen, Senior Research & Practice Development Fellow, RCN Institute, London & Clinical Chair, Evidence-Based Practice, Fontys University, The Netherlands

✉ angie.titchen@rcn.org.uk

Abstract:

Phenomenology is the study of lived, human phenomena within the every day social contexts in which the phenomena occur, from the perspective of those who experience them. Phenomena comprise any thing that human beings live/experience. Increasingly, the value of examining the phenomena of nursing practice has been emphasised. This methodological paper will explore two very different approaches in phenomenological research to look at the same phenomenon. The first approach is direct - looking at the phenomenon, as it presents itself in the consciousness of the people who live it. The researcher is on the outside, exploring human knowing, through accessing consciousness. The second approach is to get inside the social context of the phenomenon, to live it oneself, and look at the phenomenon more indirectly. Like the way we sometimes understand things by reading between the lines. The researcher investigates human being, through accessing the senses and shared background meanings and practices. The key message in this paper is that researchers have to be very clear about the distinctive philosophical roots of each approach to enable them to choose between the two (or even to choose both for one study). Clarity is essential because these roots determine the nature of the research questions, the kind of research products and the whole research methodology and design. Two perspectives will be used, as a device, to show these differences. The first perspective is holistic, using metaphor and imagery. The second separates out the key concepts through a comparative analysis. To give focus, an analysis of Schutz's (1970) phenomenological sociology and Heidegger's (1927; 1962) existential phenomenology will be used to establish baseline, empirical and methodological differences between the two approaches. Implications for research design, including the nature of research questions, data gathering, analysis and interpretation strategies and research products will be discussed.

Recommended reading:

- Heidegger, M. (1927; 1962) Being and Time. New York: Harper & Row.
- Titchen, A. (2000) Professional Craft Knowledge in Patient-Centred Nursing and the Facilitation of its Development. University of Oxford DPhil Thesis. Kidlington, Oxon: Ashdale Press.
- Schutz, A. (1970) On Phenomenology and Social Relations. (Wagner H.R. ed.). London: The University of Chicago Press.

5.9.2 Using interpretative phenomenological analysis in an exploratory study concerning sexuality and sexual identity

Paul Wheeler, Lecturer in Learning Disability Nursing, Department of Care Science, University Glamorgan, Glamorgan, Wales

✉ pwheeler@glam.ac.uk

Abstract:

Although disciplines such as nursing and psychology have, in the past, generally preferred quantitative research (Rapley 1995; Flick 2002) there does appear to be a growing acceptance of qualitative methods (Henwood and Pidgeon 1994; Maggs-Rapport 2001). Although it is not wholly clear why this may be the case, Kvale (1996) posits the view that the growing acceptance of qualitative methods is due to the change from a economy predominantly concerned with production to one predominantly concerned with consumption and communication. This view is also echoed by Flick (2002) who suggests that the increased use of qualitative inductive methods is the result of rapid social change. Whether or not one concurs with Kvale's (1996) or Flick's (2002) view, the growing acceptance of qualitative studies within nursing suggests that, from a solely disciplinary point of view, it is not an inappropriate choice for a nurse researcher. Whilst Interpretative Phenomenological Analysis (IPA) was originally used in Health Psychology and the study with which this presentation is concerned is not specifically concerned with health, it has been used in a variety of published studies concerned with what may be seen as a disparate range of subjects. For example, it has been used to explore the way in which gay men think about sex and sexuality (Flowers, Smith et al. 1997), various issues relating to genetic technology (Chapman and Smith 2002; Senior, Smith et al. 2002), and the development of identity during the transition to motherhood (Smith 1999). This paper will consider the appropriateness of the use of IPA as a methodology for research with men and women with learning disabilities. It will outline the process of the method and draw upon the author's doctoral research in highlighting some of the practical issues that may need to be considered.

References: Chapman, E. and J. A. Smith (2002). "Interpretative phenomenological analysis and the new genetics." *Journal of Health Psychology* 7(2): 125-130. Flick, U. (2002). *An introduction to qualitative research*. London, Sage. Flowers, P., J. A. Smith, et al. (1997). "Health and romance: understanding unprotected sex in relationships between gay men." *British Journal of Health Psychology* 2: 73-86. Henwood, K. and N. Pidgeon (1994). "Beyond the qualitative paradigm: A framework for introducing diversity within qualitative psychology." *Journal of Community & Applied Social Psychology* 4: 225-238. Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. London, Sage. Maggs-Rapport, F. (2001). "'Best research practice': in pursuit of methodological rigour." *Journal of Advanced Nursing* 35(3): 373-383. Rapley, M. (1995). "Black swans: conversation analysis of interviews with people with learning disabilities." *Clinical Psychology Forum*: 17-23. Senior, V., J. A. Smith, et al. (2002). "Making sense of risk: An interpretative phenomenological analysis of vulnerability to heart disease." *Journal of Health Psychology* 7(2): 157-168. Smith, J. A. (1999). "Identity development during the transition to motherhood: an interpretative phenomenological analysis." *Journal of Reproductive and Infant Psychology* 17(3): 281-299.

Recommended reading:

- Maggs-Rapport, F. (2001). "'Best research practice': in pursuit of methodological rigour." *Journal of Advanced Nursing* 35(3): 373-383.
- Senior, V., J. A. Smith, et al. (2002). "Making sense of risk: An interpretative phenomenological analysis of vulnerability to heart disease." *Journal of Health Psychology* 7(2): 157-168.
- Flick, U. (2002). *An introduction to qualitative research*. London, Sage.

5.9.3 Dross - or diamonds? Dealing with unexpected findings in qualitative research

Josephine Gibson, Vascular Nurse Consultant, Department of Surgery, Southport and Ormskirk Hospital NHS Trust, Southport, England. Co author: Caroline Watkins

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Abstract:

Most researchers undertaking qualitative research interviews soon become aware of the phenomenon of 'junk data'; when the interviewer has difficulty in keeping participants focused on the subject one had in mind when designing the study. This can consume considerable amounts of interview and transcription time, and there is a more serious danger of the researcher becoming side-tracked from the original focus of the study. Yet in the tradition of grounded theory, codes and concepts must arise from the data itself, rather than from an agenda imposed by the researcher. This inevitably creates conflicts between the researcher's need to maintain a focus to the study, and their need to avoid overlooking promising new themes. This paper gives an account of our experiences of finding 'diamonds in the dross'. The study we had originally planned was of people's decisions about treatment options after experiencing a transient ischaemic attack. However, it will be seen that participants had a different agenda. This paper will explore the practical considerations and ethical dilemmas involved in researching these important, yet unexpected, findings.

15.15 – 17.45

Concurrent session 6

6.1.1. A conceptual framework for targeting research dissemination interventions

Marilyn Kirshbaum, Lecturer, Acute and Critical Care, University of Sheffield, Sheffield, England

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Abstract:

Nursing care based on research evidence is a clinical and professional imperative that has global implications. In the United Kingdom, it was documented that a problem of dissemination and utilisation of research-based knowledge existed within the specialty of breast cancer, thus depriving individuals of receiving optimum care. Despite increasingly robust research evidence that demonstrated numerous benefits of aerobic exercise for individuals affected by breast cancer, commensurate changes to practice were not noted amongst breast care nurses (BCNs). To assist in addressing this deficiency, a 3-stage study was designed to: identify the barriers to research utilisation and preferred methods of research dissemination of BCNs; and develop and evaluate a dissemination intervention for BCNs. This presentation will describe the Conceptual Framework developed from findings of a national survey of 263 BCNs (Stage One) and discuss its implications for advancing nursing practice and research using a targeted dissemination approach. The framework represents a step-wise process designed to: describe a target group, integrate theoretically derived characteristics of effective dissemination and behavior change (Ajzen 1991, Rogers 1995) with the needs of a target group and provide a structure to compare different dissemination options. Practical considerations, such as time and resource limitations of nurses and the researcher/manager were included. An information booklet that synthesized relevant research evidence emerged as the intervention most suited for development and evaluation to meet the identified requirements for this sample of BCNs. Dissemination of research evidence is a complex, multi-faceted and persistent concern in nursing, and requires a multi-level solution. The Conceptual Framework for Targeting Research Dissemination Interventions provides a functional structure for gathering and integrating diverse theoretical, empirical and pragmatic components integral to devising and testing innovative strategies for the future. Application of the framework to other groups of nurses is proposed.

Recommended reading:

- Ajzen I (1991) *The Theory of Planned Behavior*. Organisational Behavior in Human Decision Processes. 50:179-211.
- Rogers EM (1995) *Diffusion of Innovation* (4th edition). New York: Free Press

6.1.2 Evaluating evidence-based practice across an NHS Trust. A participatory action research study

Angela Thompson, Head of Standards, Chief Nurses Office, Addenbrookes Hospital, Cambridge, England. Co author: Alison Gray

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Abstract:

Providing patient-centred, evidence-based health care is a central tenet to NHS modernisation (Kennedy, 2001). The aims of this session are to: 1. explore the term 'evidence-based' health care 2. demonstrate the use of two tools used to evaluate evidence-based healthcare across an organisation. It is proposed that the findings may inform the debate about the evaluation and use of evidence in practice, particularly the robustness of locally developed practice guidelines. This LREC approved Trust-wide study utilises an emancipatory action research approach where staff become practitioner-researchers (Carr and Kemmis, 1986). The action research cycles focus on: • Assessing healthcare staffs current knowledge, understanding and use of evidence-based practice • Developing strategies and implementing action plans arising from this assessment • Evaluating strategies • Reflecting on and refining strategies The methods used to collect baseline information about the use of evidence-based practice within the Trust are: • The use of a locally developed, multi-disciplinary staff questionnaire. The purpose of which is to assess staffs understanding of and use of 'Evidence-Based Practice'. Staff receiving the questionnaire work in a participating ward area, they have voluntarily consented to participate in the research process and were randomly chosen from a role-set. Preliminary results show a response rate of 52% (35/67). Findings relate to the use of audit, guidelines and what staff feel they need to implement evidence-based care. • The Appraisal of Guidelines for Research and Evaluation (AGREE) tool (AGREE Collaboration, 2001) has been used in eleven ward areas to appraise the rigour and development of twenty-three locally developed practice guidelines. AGREE is an internationally developed, validated tool. It asks 23 questions over six domains to assess the rigour and quality of a guideline. The results have been analysed individually and collectively showing guideline scores in relation to the six domains of the tool.

Recommended reading:

- 17. AGREE Collaboration (2001) Appraisal of Guidelines for Research and Evaluation (AGREE) Instrument www.agreecollaboration.org
- Kennedy I (Chairman) (2001) Learning from Bristol: The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995 Department of Health London
- Carr W & Kemmis S (1986) Becoming Critical: Education, knowledge and Action Research The Falmer Press London

6.2.1 Birth technology competence

Kenda Crozier, Lecturer in Midwifery, University of East Anglia, Norwich, England. Co authors: Marlene Sinclair, George Kernohan & Sam Porter

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Abstract:

The use of technology is commonplace in the health service today and midwives use a range of medical devices, techniques and products to support women throughout their childbirth experience. Competent use of these technologies requires midwives to be trained in technical skills, data interpretation and risk management. The argument for inclusion of technological competence in education and training for midwives has been made by Sinclair and Gardner (2001). However, there is a lack of clarity on what constitutes appropriate birth technology, and birth technology competence. This research was undertaken to add clarity and meaning to the concept, to enable midwifery educators to provide appropriate education and training. We present the findings from a philosophical analysis and an ethnographic exploration of the concept of birth technology competence in the everyday lifeworld of midwives. Concept development was undertaken using a modification of the Schwarz-Barcott and Kim (2002) Hybrid model of concept development. This included a three phase approach: theoretical phase, fieldwork phase and analysis phase. Participant observation of midwives in two hospital settings over a period of a year constituted the fieldwork phase and field data was analysed together with findings from the theoretical concept analysis phase. The study findings identified four categories of birth technology competence which will be presented namely: bureaucratic competence; classical professional competence; new professional competence and anti-technology competence. This research will provide course planners with a deeper understanding of birth technology competence and in doing so will enable them to provide appropriate education, training and assessment to ensure that new midwives are fit for practice in their technological role.

Recommended reading:

- Schwartz- Barcott D and Kim HS (2000) An Expansion and Elaboration of the Hybrid Model of Concept Development In Rodgers BL and Knaf KA (Eds) Concept development in Nursing 2nd Edition. Philadelphia: WB Saunders
- Sinclair MK & Gardner J (2001) Midwives perceptions of the use of technology in assisting childbirth in Northern Ireland. Journal of Advanced Nursing 36 (2) 229 – 236

6.2.2 They just kept talking about bishops and spines and things: Women's experiences of vaginal examination in labour

Mary Stewart, Senior Lecturer in Midwifery, Faculty of Health & Social Care, University of the West of England, Bristol, England

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Abstract:

Vaginal examination (VE) is a common procedure in labour and is used as a tool to assess cervical dilatation, as well as the position of the presenting part of the fetus. This information in turn provides some guidance as to how long the labour will last

(Lefebvre and Voorhoeve 1998, Ying Lai and Levy 2002). One audit of clinical practice indicates that all hospital trusts have a policy of VE being undertaken every four hours (Clinical Standards Advisory Group 1995) and therefore most women will experience at least two or three VEs in labour. This paper will present data from an ethnographic study undertaken in one NHS trust in the United Kingdom, exploring women's experiences of vaginal examination in labour. A convenience sample of twelve women took part in the research, eight of whom were multiparous and four primiparous. Four themes emerged from thematic analysis of interviews: vaginal examination as a tool for decision-making; the language used by midwives; the position women were required to adopt for the examination and, finally, the physical sensations experienced. The presentation will be used as an opportunity to illustrate and discuss each of the themes identified. It will be argued that women tend to feel disempowered by vaginal examination and have little control over how, when or where the procedure is done. In addition, women are not always told what information has been gained from the procedure. The presentation will end with suggestions about how vaginal examination could be improved to ensure that women feel involved in decision-making and information-sharing during this intimate examination.

Recommended reading:

- Clinical Standards Advisory Group (1995) Women in normal labour. Report of a CSAG Committee Tindall VR (Chair) London: HMSO
- Ying Lai, C and Levy, V (2002) Hong Kong Chinese women's experiences of vaginal examinations in labour Midwifery 18 (4) 296-303
- Lefebvre, Yvonne and Voorhoeve, Henk WA (1998) Indigenous customs in childbirth and childcare Assen, Netherlands: Van Gorcum

6.2.3 Fit for the future: Using diverse research methods to approach a public health problem

Anne Lacey, Senior Research Fellow, SchARR, University of Sheffield, Sheffield, England. Co author: Hayley Norwood

✉ e.a.lacey@sheffield.ac.uk

Abstract:

Public health is high on the agenda for everyone in healthcare. Recent government reports (Wanless 2004, Department of Health 2004) have emphasised the gains to be made by engaging people in maintaining their own health, and research to find the optimum interventions to promote health at a population level is much in demand. Barnsley, an industrial town in South Yorkshire, experiences poorer health than average within the UK, and its position was seen to be worsening during the 1990s (Barnsley Primary Care Trust 2003). Moreover, life expectancy varies widely between different parts of the borough, producing health inequalities within the community as well as between Barnsley and the rest of the country. A legacy of occupational ill health from heavy industries, high levels of deprivation and low educational achievement combine to give the town poor health statistics, particularly relating to coronary heart disease, respiratory conditions and long term limiting illness. A unique collaboration of statutory and voluntary agencies have funded a long term, multifaceted strategy for public health in the town known as 'Fit for the Future'. This paper will address the research challenges and

opportunities afforded by such a programme. Funded by the Primary Care Trust, a multidisciplinary research team based at the University of Sheffield and Barnsley District General Hospital have been tasked with supporting evaluation of the programme, and developing research activity associated with it. This paper will describe the varied research methods that are being employed, from large scale surveys to small qualitative projects, and discuss the opportunities this is creating for research capacity development at a variety of levels. The challenges of evaluating and researching such a wide ranging programme, and opportunities for nursing involvement in such research will also be discussed 288 words

Recommended reading:

- Wanless D (2004) Securing Good Health for the Whole Population. Report commissioned by HM Treasury and Department of Health
- Barnsley Primary Care Trust (2003). Fit for the Future: the strategy. <http://www.barnsley.nhs.uk/BHealthAuth/fitforthefuture2>
- Department of Health (2004) Choosing Health? A consultation on improving people's health London

6.3.1 A phenomenological study exploring the patients' experience and views on the structure and content of an intervention for patients waiting for coronary artery bypass surgery

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Abstract:

Introduction: Lengthy waiting time for coronary artery bypass surgery (CABS) has created difficulties for patients (Fitzsimons et al, 2000). Although it has been suggested that it may present a window of opportunity, where patients could benefit from structured intervention to improve health status and facilitate better long-term outcome. However, there is sparse evidence on which to base the structure and content of a pre-surgery intervention for patients waiting for CABS (Arthur et al, 2000). This paper describes the first stage of a larger interventional project which sought to devise a nurse-led intervention for patients waiting for CXABS and explore associated outcomes.

Intervention: A 12 week pilot programme of cardiac rehabilitation was developed, based on available literature. It included exercise, education and support. Exercise is a novel intervention for this patient group.

Objectives: 1. To explore the patients' experience of a structures pre-operative intervention. 2. To seek the individuals' views on the structure and content of the programme.

Method: A purposive sample of all seven participants who had completed a pilot, pre-operative cardiac rehabilitation was selected. Semi-structured interviews were taped, transcribed, and analysed using Colaizzi's approach (Parahoo, 1997).

Results: Before the programme participants reported feeling worried and afraid to exercise. They all stated that the programme helped them to improve fitness levels and overcome fear, as well as

providing increased support and a better knowledge of heart disease and surgery. Participants expressed a wish for the programme to continue for longer and some wanted less information regarding the actual surgery. **Implications** This paper describes a novel approach to caring for these patients, employing users' to evaluate the effectiveness of the intervention. It highlights the importance of designing research projects that are responsive to clinical need and discuss the inherent difficulties. We recommend innovative ways of delivering support throughout the waiting period be explored.

Recommended reading:

- Arthur, H.M, Daniels, C., Mc Kelvie, R., Hirsh, J., Rush, B. (2000) Effect of a preoperative intervention on pre-operative intervention on preoperative and postoperative outcomes in low risk patients awaiting elective coronary artery bypass surgery. *Annals*
- Parahoo, A.K. (1997) *Nursing Research: Principles, process and issues*. London: Mac Millan.
- Fitzsimons, D., Parahoo, K., Stringer, M. (2000a) Waiting for coronary artery bypass surgery: a qualitative analysis. *Journal of Advanced Nursing*, 32(5), 1243-1252.

6.3.2 The meaning of recovery after a heart attack: implications for nurses

Angela Tod, Nursing Research Fellow, Department of Acute & Critical Care Nursing, Sheffield Teaching Hospitals Trust/University of Sheffield, Sheffield, England

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Abstract:

Background: A heart attack can have a profound psychological impact on patients. As a sudden and frightening experience, associated with vulnerability, fear and loss (Tod et al. 2002). Cardiac rehabilitation services aim to facilitate recovery and reduce the risk of future events. There are demonstrable problems with the quality and accessibility of current cardiac rehabilitation services (Thompson & Stokes, 2002). More information is needed on the meaning of recovery in order to develop services that promote this. The paper aims to meet this need.

Methods: The study adopted an interpretive approach, using qualitative methods and naturalistic inquiry. Using purposive sampling, four group interviews were held with 3 to 7 members in each group. (n=24). Participants were members of cardiac support groups. Twenty individual interviews were also held with patients post heart attack. All participants were people who had experienced a heart attack, or their partners. Grounded Theory techniques were used to analyse the data.

Findings: From the participants experiences a pathway from heart attack to recovery was mapped. One core concept emerged to describe recovery; "trusting the body". Prerequisites to recovery were identified; confidence, control, understanding and "looking to the future". In order to achieve these prerequisites people described how they mobilized "recovery mechanisms". That helped people move along the recovery pathway. These mechanisms are conceptualised as taking control, attribution and redefining. The results indicate that cardiac rehabilitation services should focus on helping people to mobilize these recovery mechanisms. The study reveals that, due to the barriers people experience in

accessing services they may actually hinder people in moving towards recovery.

Conclusion: The study describes what recovery means to people after a heart attack and what is required to help them get there. The implications of the results for nurses in facilitating, and not hindering, recovery processes will be explored.

Recommended reading:

- Thompson DR. Stokes H. (2002) *Cardiac Rehabilitation In: Cardiac nursing: a comprehensive guide* Hatchett R. Thompson DR. (eds) Edinburgh. Churchill Livingstone.
- Strauss A. Corbin J. (1990) *The basics of qualitative research* Newbury Park. Sage.
- Tod AM. Lacey EA. McNeill F. (2002) "I'm still waiting....": barriers to accessing cardiac rehabilitation services *Journal of Advanced Nursing* 40 (4) 421-431

6.3.3 Get me out of here: Cardiac patients' experiences of transfer to a general ward

Angela Tod, Nursing Research Fellow, Department of Acute & Critical Care Nursing, Sheffield Teaching Hospitals Trust/University of Sheffield, Sheffield, England

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Abstract:

Objective: To identify factors influencing anxiety related to patient transfer from coronary care to a general ward.

Design: A qualitative study using semi-structured interviews and Framework Analysis techniques. Ethical committee and research governance requirements were met.

Setting: The study was conducted in acute and community settings in the North of England

Participants: Twenty patients were recruited for semi-structured interviews, six to eight months following their heart attack. Purposive sampling ensured a range of participants in terms of age, gender, employment and cardiac history.

Results: The results indicate the extent of the distress some patients experience at the time of transfer from CCU to a general ward. Factors influencing anxiety relate to three themes; response to their illness, environment, and access to information and support. Participants reported feeling unsafe and vulnerable after their heart attack. These feelings were amplified by the general ward environment. The chaotic and noisy surroundings were not considered conducive to recovery. They were concerned that cardiology staff did not know about them or would not have the necessary skills to care for them. Some participants considered the distress experienced at this point to be the most enduring and damaging episode in their recovery. Little research has been conducted examining transfer anxiety since initial work in the 1970s and 1980s. In the light of the CHD National Service Framework, this may be because people think these issues have been addressed. This study reveals that people are still suffering at the point of transfer and whilst on a general ward.

Conclusions: Negative experiences in acute recovery stages can have a profound impact on ability to recuperate. This presentation reflects on the implications of these findings on patient pathways, ward environment and nursing practice.

Recommended reading:

- Department of Health (2000) National Service framework for Coronary Heart Disease London. Department of Health
- Jenkins DA, Rogers H. (1995) Transfer anxiety in patients with myocardial infarction *British Journal of Nursing* 4(21): 1248-52
- Miracle V. (1985) Transfer anxiety in the myocardial infarction patient *Kentucky Nurse* 34(1):15-16

6.4.1 Building primary care nurse research capacity using qualitative methods

Caroline Gunnell, Nurse Practitioner/
Research Governance Coordinator/
Programme Lead, Epping Forest PCT,
Epping, England. Co author: Stephen Abbott

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Abstract:

A coordinated study of diabetes patients' experiences of health services with the aim of encouraging greater participation in research by practice nurses. Practice nurses face a number of barriers that limit their ability to undertake research and development. Davies et al (1, 2), found that the main barriers were a lack of time, lack of a support and poor access to higher educational resources outside formal courses. Davies et al (1,2.) also discovered that practice nurses research priorities reflected their work in chronic disease management, and further more that they were interested in the practice nurse role, and evaluating their own activity. Little research has been done on diabetes management from the perspective of the patients and relatives. Older people living in residential care and nursing homes may have undetected diabetes (3), and its management may be sub-optimal (4). The housebound may not receive essential check-ups (5). This research was carried out by nine volunteers.

The study sought to;

- Explore patients' experience of receiving diabetes services.
- Explore patients experience and understanding of self-care and self monitoring
- Identify patients' values and preferences.

This study makes use of quantitative and qualitative through the use of a structured interview methodology. This paper will report on the results of the project and experiences of the practice nurses involved with the research and our plans for future work to develop primary care nursing research. It will include the assumptions underpinning the design, how we addressed these assumptions in the design and the potential weakness of this design. There are sufficiently early signs that this model is a useful model for research and development capacity building among practice nurses.

Recommended reading:

- Davies J, Heyman B, Bryar R, Graffy J, Gunnell C, Lamb B, Morris L. (2002a) The Research Potential of Practice Nurses. *Health and Social Care Community* 10(5):370-81
- Sinclair A, Gadsby R, Penfold S, Croxon SCM, Bayer AJ (2001) Prevalence of diabetes in care home residents. *Diabetes Care* 24(6):1066-8
- Davies J, Heyman B, Bryar R, Graffy J, Gunnell C, Lamb B, Morris L. Building Practice Nurse Research Capacity; Practice Nursing 2002, vol 13, No10.

6.4.2 Evolution and diversification of nurses in relation to public health: Job opportunities in England, Scotland and Northern Ireland and the use of public health policy to underpin recruitment

Sue McBean, Lecturer in Nursing,
Department of Nursing, University of
Ulster, Coleraine, Northern Ireland

Abstract:

Current nursing and public health strategy documents for each country selected demonstrate wide acceptance of the need for nursing to embrace public health roles. The author's recent research exploring the development of public health nursing roles related to policy will be reviewed. The presentation focuses on methods and findings and summarises implications for nurses, managers and educators. Research design was non-experimental, descriptive, nonobtrusive and quasi-correlational. The population comprised all job advertisements and job descriptions publicly accessible for three UK countries in three weekly journals, three regional newspapers (two on-line) and a regional on-line NHS site in four weeks between mid January and mid July 2004. Selection of particular weeks for sampling introduced a non-probability element. Criteria for sample selection were established using public health principles. Sampling was purposive. Quantitative and qualitative data was collected in a structured manner with an observational element. Material was analysed using simple ordinal categorisation of job title, broad role, employer expectations of outcomes, short listing criteria (including specification of public health experience and/or qualifications) and use of policy documents to underpin job descriptions and/or advertisements. Analysis showed the sample of 73 jobs was composed of 34 innovative projects, 15 missed opportunities and 24 roles where the general title has been established for many decades. In this latter category current policy on primary care nursing roles in relation to public health was absent in 15 jobs but 9 exemplars of good practice were found. This paper contributes to practice development by establishing progress in developing nursing roles in public health and raises questions about good and poor practice in related recruitment. The work celebrates the capacity of nursing to encompass a wider role while barriers to change are exposed.

Recommended reading:

- BAGGOTT, R., 2004. *Health and Health Care in Britain*. 3rd ed. Basingstoke: Palgrave Macmillan.
- TURNER, J., POULTON, B., LAZENBLATT, A., PATTON, C. & CURRAN, C., 2003. *Community Health Nursing: Current Practice and Possible Futures*. Belfast: Department of Health, Social Services and Public Safety.
- PECKHAM, S., 2003. Improving local health. In: B. DOWLING & C. GLENDINNING, eds. *The New Primary Care: Modern, Dependable, Successful?* Maidenhead: Open University Press, Chapter 10, 159 – 178.

6.4.3 Development of a health promotion program for street children in Bangkok, Thailand

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School of Nursing, University of
Washington, Seattle, USA

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Abstract:

Purpose: The purpose of this research study is to establish the community context necessary to design and implement an effective health promotion program for street children in Bangkok, Thailand.

Methods: For the first phase of this research, secondary sources of data were obtained and reviewed. These included written media coverage of street children for the past decade from the two major English-language Thai newspapers, as well as printed government, non-governmental organization (NGO), spiritual (Buddhist) and academic reports on street children in Thailand during the same time period. Primary sources were 15 interviews with representatives of government, NGO, Buddhist and academic groups working with street children in four major cities in Thailand conducted by the researcher between July and December 2003. Text from the interviews, written reports and newspaper articles were then analyzed for major themes, patterns of voice/logic/variation and internal inconsistencies. The first phase of the research has informed the second phase. Using a combination of secondary source review, participant observations, community mappings, key informant interviews, focus groups, and health and social assessments, with over 50 street children and street outreach workers, recommendations for a health promotion program will be developed.

Results: Findings suggest that street children are most often portrayed in the press and government documents as "non-Thai," illegal aliens, wanderers, or of hill tribe decent, and as both victims of and perpetrators of various "vices" such as sexual abuse/prostitution, drug use and street crimes. Services for these children are fragmented and internationally-sensitive issues such as child trafficking and prostitution have taken priority.

Conclusion: There are tensions within the dominant Thai culture and national policies concerning the "problem" of street children which need to be understood in order to plan and implement appropriate health intervention programs for this population.

6.5.1 Specialist services and older people

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and Development Unit, University of
Northumbria at Newcastle, Newcastle,
England. Co authors: Pamela Inglis, Jan
Reed, Glenda Cook and Charlotte Clarke
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Abstract:

This paper reports on the findings of a National survey and case study investigation that examined the range of specialist nursing roles and their contribution to specialist services for older people in England. It comments on the expansion of specialist staff in older peoples' services and the development of specific roles.

The overall aims of the study are (1) to map and explore the range of specialist roles and services and (2) to explore specialist practice within the older peoples' services in England.

Background: The National Services Framework for older people (NSF-OP) (DoH, 2001) built upon previous health and social care policy that emphasised the need for development of specialist staff and services to meet the complex needs of older people. This resulted in the local and responsive development of staff and services, however this lacks national uniformity. The NSF-OP makes several references to the specialist for older people and the specialist training required extending, "skills to new specialties and roles" (DoH, 2001; 141). Yet it fails to define specialist, or what constitutes specialist training. Many professions are developing specialists for older people, however, because of the long and documented history of specialist nursing, it is an ideal profession to use to explore this concept (UKCC, 1999; UKCC, 2002).

Methodology: The study involves a two-stage process, drawing on a socio-critical methodology. The first stage is a survey to determine existing practice and policy in regard to specialist staff for older people across a range of statutory and non-statutory organisations. From this data, six case study sites were identified from a purposeful sampling matrix, for stage two (data collection in progress).

Findings: Findings from stage one will be presented, indicating the ambiguity and problematic nature of the range of specialist nurses roles for older people identified in the data. The study is funded by Department of Health through the NSF Older Person R&D Programme.

Recommended reading:

- Department of Health (2001) National Service Framework for Older People. London: Department of Health.
- UKCC (2002) Report of the Higher Level of Practice Pilot and Project. London: UKCC
- UKCC (1999) A Higher Level of Practice: A Pilot Standard. London: UKCC.

6.5.3 Implementing a new health visiting service: An action research project

Alison Smith, Principal Lecturer, Centre for Health & Social Care Research, Canterbury Christ Church University College, Canterbury, England

✉ a.m.smith@canterbury.ac.uk

Abstract:

This paper reports the findings from a study of Health Visiting (HV) practice aimed at encouraging HVs to develop their public health role by working more selectively with families with children under five. In line with Government initiatives (DOH 2001) they considered the health needs of the population they served more broadly. The area of investigation focused on HV contacts with mothers of babies up to three months old. An action research approach was adopted as appropriate for the systematic investigation of practice (Hart & Bond 1995). The study evaluated the service provided by five HVs attached to two General Practitioner practices, urban and rural representative of the participating Primary Care Trust. Over a nine month period the study focused on the HV service provided to clients from the ante-natal period up to the 9-14 week post-natal contact. Enrollment of the client sample was made by the HVs themselves producing a final sample of 100. Data

collection used two methods of triangulation; data source and method triangulation in order to enhance the trustworthiness of the data. This consisted of numerical data on client contacts, a questionnaire to mothers, focus groups with mothers, and interviews with midwife and doctor colleagues. In line with the cyclical nature of action research (McNiff et al 2003) regular reflective meetings took place with the research team to continually evaluate data and findings. Findings indicated a clear and positive response from all three participant groups, mothers, HVs and colleagues to the new service. Material will be offered to expand upon these results and in particular to reflect on ways in which by changing the focus of the core HV service, the public health role can be developed allowing practitioners to address issues of health inequality and social exclusion.

Recommended reading:

- Department of Health (2001) Health Visitor Practice Development Resource Pack London The Stationery Office
- McNiff J Lomax P and Whitehead J (2003) You and Your Action Research Project London Routledge Falmer
- Hart E & Bond M (1995) Action Research for Health and Social Care Buckingham OUP

6.6.1 Perceptions of elder abuse in Sweden among eldercare nurses, primary care personnel, policemen, church workers, and volunteers

Christen Erlingsson, University Lecturer in Nursing, Department of Health & Behavioural Sciences, Kalmar University, Kalmar, Sweden. Co author: Britt-Inger Saveman

✉ christen.erlingsson@hik.se

Abstract:

A recent study in Sweden indicated that older persons perceive nurses, policemen, priests, and volunteers as persons expected to provide support in cases of elder abuse (Erlingsson, Saveman, and Berg, in press). The aim of this study is to explore perceptions of elder abuse held by professionals and volunteers representing; municipal elder care, primary care, police, the church, crime victim support group, and a caregiver support group. Audiotaped focus group interviews (Kreuger and Casey, 2000) were conducted with four to seven participants in each organization. An interview guide was used and the transcribed interview texts are being analyzed using qualitative content analysis (Berg, 2001). Analysis of the results is ongoing and will be completed during the autumn of 2004. Preliminary results show more similarity than differences between groups and with general coherence in expressed perceptions within each focus group. Participant's discussions dealt mainly with types of abuse, causes of abuse (e.g. societal changes, ageism, and increased frequency of home care), solutions and prevention strategies. Participants also discussed how situations create the abuser and the abused elder's responsibility in the involvement of the abusive situation. Many participants related having committed what they perceived as abusive actions for the elder's own good (e.g. force feeding). Participants also related feeling as if they were between a rock and a hard place when forced to act in a manner contrary to personal or professional ethics, for example when following physician's orders or relatives' wishes.

Results from this study can contribute to increased understanding of the strengths and weaknesses of the support for elder abuse victims currently available from these organizations.

Recommended reading:

- Berg, B. L. (2001). Qualitative Research Methods for the Social Sciences. Boston: Allyn & Bacon.
- Kreuger, R. A., & Casey, M. A. (2000). Focus Groups: A Practical Guide for Applied Research (3:d ed.). Thousand Oaks: Sage Publications.
- Erlingsson, C., Saveman, B-I., & Berg, A. (in press). Perceptions of elder abuse in Sweden; voices of elder persons.

6.6.2 The social construction of patient centred care and vulnerability in older people

Clare Abley, Nurse Consultant - Vulnerable Older Adults, Newcastle Integrated Older People's Service, Newcastle, North Tyneside and Northumberland Health NHS Trust, Newcastle, England.

✉ clare.abley@nuth.northy.nhs.uk

Abstract:

This presentation outlines the methodology and preliminary findings of a qualitative study to explore patient centred care and vulnerability, as they relate to older people. This is the first phase of a larger study into patient centred care for vulnerable older people in the community. The research adopts a constructivist approach to develop grounded theory (Charmaz, 2002). The term "patient centred care" is often used in policy and practice in relation to the care of older people. Although there has been research in this field e.g. Kitwood (1997), Nolan et al. (2001b), there is a dearth of empirical work from a constructivist perspective on patient centred care for vulnerable older people in the community. The presentation, at least in part, addresses this gap in knowledge and provides the foundation for phase 2 of the research. Phase 2 will further explore patient centred care for vulnerable older people by district nurses and more specifically, evaluate whether the Single Assessment Process (NSF for Older People) provides an opportunity for a more patient centred approach. Phases 1 and 2 together will make a significant contribution both to the body of knowledge in this area and to the care of vulnerable older people in the community. Purposive sampling was used, both to identify a diverse range of older people, from those who do not receive health or social care input, to those with complex care packages, and to access the views of wide range health, social care and voluntary sector staff working with older people in the community. The data was generated by running focus groups, and in a few cases, by individual interviews (for housebound older people). Constant comparative analysis of the data was undertaken. Data collection will continue until no new themes emerge. Finally a brief outline of future work (phase 2) will be included.

Recommended reading:

- Charmaz, K (2002) Qualitative Interviewing and Grounded Theory Analysis. In: Gubrium, J and Holstein, J eds. Handbook of Interview Research: Context and Method. Sage, Thousand Oaks CA.
- Nolan MR, Davies S, Grant G (2001b) Integrating perspectives. In: Nolan MR, Davies S, Grant G, eds. Working with Older People and their Families: Key Issues in Policy and Practice. Open University press, Buckingham.

- Kitwood, T (1997) *Dementia Reconsidered: The Person Comes First*. Open University Press, Buckingham

6.6.3 The health promotion work of community nurses with older people in Scotland

Phyllis Runciman, Senior Research Fellow, Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University, Glasgow, Scotland

✉ prunciman@aol.com

Abstract:

Community nurses have a key role within Scotland's health improvement agenda for older people (Scottish Executive 2001, Wood & Bain 2001). This paper outlines a national study (Watson et al 2004) which aimed to profile community nurses' health promotion (HP) work with older people of 50 years and over, and to identify HP initiatives with transferability potential. Questionnaires were sent to 1062 community nurses in six Scottish NHS Boards - Health Visitors, District Nurses, Practice Nurses, Community Psychiatric and Community Learning Disability Nurses and Combined Duty Nurses; 373 (35%) responded. Thirty community nurses who claimed involvement in an initiative were interviewed by telephone. The study provides information about the types of HP work undertaken, HP topics addressed, HP approaches adopted, audit/evaluation and evidence of successful outcomes of HP work, and older people's involvement in planning/evaluating HP work. Key findings will be presented. The study demonstrates that all groups of community nurses have a contribution to make to health gain for older people, but that much HP work is opportunistic and remains embedded and unrecognised. For all but the Practice Nurse group, other work takes priority over HP with older people. There is limited evidence as yet of group work or of a community development approach; however, examples given of creative group work and partnerships show promise in achieving physical, mental and social health gain. Audit, evaluation and active involvement of older people are also limited. In the context of the study's strengths and limitations, a number of implications for policy, practice and education will be identified and suggestions for further research will be made.

Recommended reading:

- Scottish Executive 2001 Adding life to years. Report of the expert group on healthcare of older people. The Stationery Office, Edinburgh
- Watson H, McIntosh J, Tolson D, Runciman P 2004 Protecting older people's health. The health promotion work of community nurses with older people in Scotland. Final report. Glasgow Caledonian University, Glasgow.
- Wood R, Bain M 2001 The health and well-being of older people in Scotland. Information Services Division, Edinburgh.

6.7.1 Emotions at work: The case of the British National Health Service

Pam Smith, Professor of Nurse Education and Director of the Centre for Research in Nursing and Midwifery Education, University of Surrey, England. Co author: Carin Magnusson

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Abstract:

This paper situates the discussion of emotions at work within the current national and international policy context of patient safety. It then focuses on the case of the NHS and the current prioritisation of creating a safety culture within the service (DoH 2001). The central role of emotions in creating that culture at an individual and organisational level is then discussed. Psychoanalytic and sociological explanations are presented (Smith 1992, Fineman 2003). The paper focuses further on the work of nurses, drawing on studies of their emotional work to demonstrate the link between emotions and the promotion of a safe working environment. An extended case method approach is taken using ethnographic methodology to operate at both a macro (global and international) and micro (national and local) level of analysis. In conclusion, it is argued that patient and worker safety is linked through emotions at work. Emotions may be either positive or negative and may affect the organisational culture, which in turn threatens or promotes safety at work. The capacity of an organisation to listen and learn facilitates the recognition and effective management of emotions and is germane to the development of a culture that promotes high standards of patient and worker safety.

Recommended reading:

- Department of Health (2001) Building a Safer NHS for Patients: Implementing an Organisation with a Memory. London: The stationery office
- Smith P (1992) The Emotional Labour of Nursing: How Nurses Care Basingstoke: Macmillan.
- Fineman S (2003) Understanding Emotion at Work, London, Sage

6.7.2 Snapshots of the common foundation programme: Themes from an emotional landscape

William McGowan, Senior Lecturer (Nursing), University of Brighton, Brighton, England

✉ wm3@brighton.ac.uk

Abstract:

Contemporary curricular development and evaluation in educational settings is dominated by a preoccupation with formal structured 'pen and paper response' style evaluation questionnaires. This concurrent paper will explore an alternative approach to evaluation which arose spontaneously as an opportunistic evaluation method. Using a gestalt/projective style technique alongside the formal evaluation of an 18 month Common Foundation Programme, the author used the resulting data to retrospectively re-construct a 'landscape of experience' which illuminated the underlying 'emotional experience' of the student sample undertaking an 18 month Common Foundation nursing Programme. The data took the form of a wide range of highly personalised images and metaphors representing the 'emotional impact' of the course on individual students. Evaluation

material from six cohorts of students (300) was scrutinised and the images and metaphors allocated to general categories representing 'themes from an emotional landscape'. In this paper, the background to the incorporation of a more informal approach alongside the formal evaluation will be outlined; the process of data collection; issues around the scrutiny of data and the generation of themes will be critically examined and the resulting profile of the course experience as reflected in the title will be considered. The paper will make a plea for the need to provide a more balanced approach to the design of educational evaluation strategies in health and social care education. This could be achieved by dovetailing informal qualitative evaluation methods with the more formal quantitative methodologies.

Recommended reading:

- Salzberger-wittenberg I, Gramma H, Osborne E (1983) The emotional experience of learning and teaching, Routledge Education Books.
- Abercrombie A J (1979) The Anatomy of Judgment: an investigation into the processes of perception and reasoning, Harmondsworth, Penguin Education.
- Freshwater D (2003) Cinderellas of the Psyche, Mental Health Today, Sept 2003.

6.7.3 Investment in patient/nurse interaction

Kathleen Stoddart, Senior Teaching Fellow, Department of Nursing and Midwifery, University of Stirling, Stirling, Scotland

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Abstract:

In present theorising, the contribution of the social dimension in patient/nurse interaction lacks depth of consideration. To develop and contribute to substantive theory from a sociological perspective, traditional grounded theory methodology was used to examine the meanings and understandings expressed in patient/nurse interaction and, the influence of socio-cultural characteristics of age, gender, socio-economic status and ethnicity. Key findings were generated from continual comparative analysis of data from observations (n = 38), informal interviews (n = 24) and semi-structured interviews (n = 12). The field of study was health centres with social and geographical differences; participants were patients attending a health centre and practice nurses. Substantive theory was constructed in the category of investment. Investment connects socio-cultural characteristics and empowerment with negotiation in interaction, and the development of the patient/nurse relationship. The social meanings and understandings patients and nurses bring to interaction are central to the investment they may make in their relationship. Negotiation provides a framework that drives the navigation of the patient/nurse relationship, from 'drawing board to delivery', and all places in between. Weighing up, locating and placing in the social world and developing rapport, serve as the foundations of a prospective relationship and modus operandi in interaction. Performance as a patient or nurse is initiated and achieved via processes of acting and reacting to each other in relation to their socio-cultural characteristics. In these terms socio-cultural characteristics are brought to and part of an interactive process within patient/nurse interaction and contribute to its accomplishment. Empowerment plays a central role in processes of negotiation and is connected to the social construction of reality in patient/nurse interaction. The debate about empowerment is

advanced in that I have discerned the tensions in viewing it as act or process by exposing and interrogating the challenge it presents for patients and nurses. t

Recommended reading:

- Glaser B Strauss A (1967) The discovery of grounded theory. Aldine Publications, Chicago.
- Bradley H (1996) Fractured identities: changing patterns of inequality. Blackwell, Oxford.
- Strauss A (1978) Negotiations: varieties, contexts, processes and social order. Josey-Bass Publishers, London.

6.8.1 The lived experiences of newly qualified nurses on clinical placement in the first six months following registration in the Republic of Ireland

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Abstract:

Much research has been done in other countries surrounding the experiences of nurse graduates. However to date, no such research had been carried out in the Republic of Ireland. The aim of this study was to explore the lived experiences of newly qualified nurses on clinical placement, during the first six months following registration, in the Republic of Ireland. A phenomenological, Heideggerian, hermeneutic approach was used for this study. Ten diplomate staff nurses were interviewed. The data was analysed using a framework devised by Colaizzi (1978). This study revealed that, similar to other research (Maben and Macleod Clark 1998, Brown and Edelman, 2000), newly qualified nurses in the Republic of Ireland, describe their initial experiences of being on the ward as stressful. This stress is primarily related to the multi-dimensional responsibilities associated with the new role and to managerial/organisational/clinical skills deficits. However the diplomates' abilities to recognise their limitations and to seek help when needed, demonstrated their commitment to safe practice. Rostered duty was identified as being of great importance in aiding the transition from student nurse to staff nurse and a sense of achievement, feeling valued, making a difference and financial reward were cited as being the positive aspects of the new role. Whilst ward sisters and staff nurses provided informal support to the novice nurses at ward level, there was no formal method of structured support, such as preceptorship, in place. To help alleviate the problems associated with the staff nurse role, the pre-registration nurse education curriculum needs to be developed in specific areas. In addition, effective supportive systems need to be put in place for newly qualified nurses. This will help to ensure that newly qualified nurses are prepared for and supported in their professional role and will help to retain nurses in the health services.

Recommended reading:

- Brown, H., & Edelman, R. (2000) Project 2000: a study of expected and experienced stressors and support reported by students and qualified nurses.
- Maben, J., & Macleod Clark, J. (1998) Project 2000 diplomats' perception of their experiences of transition from student to staff nurse. *Journal of Clinical Nursing*, 7, 145-153.

- Colaizzi, P. (1978) Psychological research as the phenomenologists views it. In: Valle, R., & King, M. (Eds) *Existential phenomenological alternatives for psychology*. (pp.48-71). New York: Oxford University Press.

6.8.2 Here to stay: The effects of structured learning and development for newly qualified nurses

Audrey Dowd, Lead Nurse, Learning & Development and Practice Development Nurse, Mater Hospital Trust, Belfast, Northern Ireland. Co author: Stephen Boyd

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Abstract:

Anecdotal and empirical evidence indicates that newly qualified nurses need emotional and practical support in the workplace when adapting to the role of accountable practitioner (Evans, 2001; Whitehead, 2001; O'Hagan, 2001). If their needs are not addressed nurses are more likely to leave their job within the first year of employment (O'Hagan, 2001). A quick turnover rate of registered nurses is clinically and financially detrimental to organisational effectiveness. Therefore, strategies to recruit, retain and provide a skilled and confident workforce are of a particular interest. This paper aims to highlight how a structured and tailored development programme for newly qualified nurses enhances the knowledge, skill and confidence of the nurse as well as improving the recruitment and retention rates in the organisation. A group of 21 newly qualified nurses in an inner city acute hospital trust undertook a structured development programme which was based on the perceived and subsequently identified learning needs of the nurses. The programme was delivered using traditional and non-traditional learning such as clinical and non-clinically focused seminars, clinical skills workshops, portfolio evidence of learning, reflective diaries and Action Learning. Before the commencement of the programme the staff nurses participated in a focus group interview. Baseline data suggests that nurses expect role transition to be challenging and are very apprehensive of the new role particularly in relation to accountability, the expectations of others and working without supervision. The programme was evaluated with a further focus group interview, assessment of portfolio evidence of learning and analysis of untoward clinical incidents data. Results show that after undertaking the programme the nurses express higher levels of job satisfaction, felt more confident in their role and are less likely to be involved in untoward incidents in the clinical area. Moreover a high percentage of nurses stated they wished to remain in the organisation for career progression and would recommend employment in the trust to other nurses.

Recommended reading:

- Evans, K. 2001, Expectation of newly qualified nurses. *Nursing Standard*, 15, 41, 33-38
- Whitehead, J. 2001, Newly qualified nurses perceptions of the role transition. *British Journal Nursing*, 10, 5, 331-339
- O'Hagan, M. 2001, Why are registered nurses leaving an acute hospital trust in Belfast: an explorative study. MSc theses, Queens University Belfast

6.8.3 Retaining ideals and values in nursing: Experiences of newly qualified diploma nurses (139)

Jill Maben, Lecturer & Post Doctoral Fellow, The London School of Hygiene & Tropical Medicine, London, England

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Abstract:

Recent changes in nurse education in the UK (UKCC 1986) have emphasised particular values in nursing, such as individualised, holistic and research and evidence based care. However, the extent to which these values and ideals have been adopted by students and qualified nurses has not been explored, nor the extent to which they can be implemented in practice. This paper presents data from a UK doctoral longitudinal study utilising naturalistic enquiry (Lincoln & Guba 1985) into the fate of the ideals and values of newly qualified nurses. At the end of their course students in three colleges of nursing were asked, via questionnaires (n=86), to describe their ideals for practice. Questionnaires and in-depth interviews (at 4-6 months and 11-15 months post qualification) were the methods used with a purposive sub sample of twenty-six participants, who were followed from the end of their Dip HE Adult nursing courses to up to three years post qualification (second questionnaire after 3 years). Interviews were tape-recorded, transcribed, and data were analysed using constant comparison and negative case analysis. The study found that the diplomates emerged from their courses with a cogent set of high ideals. The fate of these ideals in practice was dominated by two key forces: professional and organisational sabotage. Three groups emerged in the findings: sustained, compromised and crushed idealists. The key to the retention or otherwise of their ideals and values was the practice environment, together with diplomates' own strategies for maintaining ideals and motivation. Those factors facilitating the retention of ideals and values by the sustained idealists will be presented in this paper. Particularly important in the practice environment were support, role models and staff attitudes, and the adequacy of resources, especially staffing and skill mix issues.

Recommended reading:

- Lincoln, Y. S. and E. G. Guba (1985). *Processing Naturalistically obtained Data*. Naturalistic Enquiry. Y. S. Lincoln and G. E. G. Newbury Park, Sage.
- UKCC (1986). *Project 2000: A new preparation for practice*. London, UKCC.

6.9.1 Informed consent to research in a neurosciences critical care unit: the influences on decision making for relatives

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Abstract:

Introduction: Controversy remains about the inclusion of incapacitated patients in clinical research, especially those admitted to critical care units. Failure to include unconscious patients in research programmes could be described as discrimination against those patients. This paper will

describe and explore the issues influencing decision making for relatives invited to provide informed consent for another family member to participate in clinical research.

Aims: The principle aim of this research was to describe and explore the factors influencing decision making for the relatives of critically ill patients when invited to consent to another family member's participation in clinical research.

Methodology: During the 12-month period between 1st April 2002 and 31st March 2003 all relatives providing informed consent to another incapacitated family member's participation in research were also invited to participate in this research. After giving informed consent, the participants were invited to complete an anonymous questionnaire which was then returned in a pre-paid envelope. The questionnaire included both fixed response and open-ended questions. The data was analysed using SPSS and NVivo. This research was approved by the Cambridge LREC.

Results: All 26 relatives invited to participate in this research agreed to do so. Analysis of the open questions and free text highlighted three central themes: a) altruism; b) patient interest; and c) professional influence. Each of these themes will be discussed drawing on the fixed response data where appropriate.

Conclusion: Research involving critically ill and incapacitated patients is essential if knowledge and understanding of critical illness and the conditions affecting these individuals is to progress. At a time of great stress relatives are occasionally invited to provide informed consent for another family member to participate in clinical research. By understanding the issues influencing their decision making it may be possible to make this process less stressful and to ensure successful recruitment.

Recommended reading:

- Bigatello LM, George E, Hurford WE. (2003) Ethical considerations for research in critically ill patients. *Critical Care Medicine*. 31(3), S178-S181.
- Luce JM. (2003) Is the concept of informed consent applicable to clinical research involving critically ill patients? *Critical Care Medicine*. 31(3), S153-S160.
- Coppolino M, Ackerson L. (2001) Do surrogate decision makers provide accurate consent for intensive care research? *Chest*. 119(2), 603-612.

6.9.2 Inclusionary consent: empowerment for cognitively impaired adults through shared interactions, observation and ethical discourse

Jeannie Donnelly, Research Fellow, Nursing Development Centre, University of Ulster and Royal Hospitals Trust, Belfast, Northern Ireland. Co author: George Kernohan

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Abstract:

Vulnerable adults may be excluded from research because they cannot provide 'cognitively biased' informed consent, or they may be included via relative assent (CIOMS, 2002). However, it has been argued that (a) exclusion makes their social/cultural position more vulnerable as potentially beneficial research findings cannot be generalised to them; (b) proxy consent involves helpless people without

true regard for their wishes and beliefs (Dewing, 2002). This paper will describe how a process of inclusionary consent can overcome these problems as it actively involves vulnerable adults and creates an opportunity for their voice to be heard. It will show that the creation of an individual profile can assist in the process as it establishes the unique identity of the person, gains an awareness of their usual level of wellbeing or ill being and discovers how they normally consent to care, i.e. verbal, non-verbal and behavioural indicators. The profile is achieved through shared interactions, observation, a review of medical/nursing records and discourse with significant others (Dewing, 2002; McCormack, 2002). The paper will also show that if capacity is known to fluctuate, the investigator has a professional/moral responsibility to wait until the person is in the best position to take an informed decision, or if this is not practical, use this moment in time to review the decision to include/exclude the person with that person. It may also be necessary to repeat the consent process for each research encounter. The paper recommends that researchers using this process supply evidence about obtaining consent so that methods can be rigorously tested and developed.

Recommended reading:

- COUNCIL FOR INTERNATIONAL ORGANIZATIONS OF MEDICAL SCIENCES (CIOMS) (2002) International ethical guidelines for biomedical research involving human subjects. WHO: Geneva
- McCORMACK, B. (2002) The person of the voice: narrative identities in informed consent. *Nursing Philosophy* 3: 114-119
- DEWING, J. (2002) From ritual to relationship: a person-centred approach to consent in qualitative research with older people who have a dementia. *Dementia* 1 (2) 157 - 171

6.9.3 Written communication as part of the informed consent process: A role for the research nurse

Kanchan Vohora, Research Nurse, Primary Care Sciences Research Centre, Keele University, Keele, England. Co author: June Handy

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Abstract:

Background: The desire to cultivate a positive public view of health care research has led to a wealth of literature highlighting the need to obtain informed consent from participants. Research Governance, EU directives and professional bodies constantly challenge us to improve current research practice. The Primary Care Sciences Research Centre (PCSRC) is a multi-disciplinary research unit, collaborating closely with primary care health professionals locally and nationally. The centre carries out a number of research programmes in the field of musculo-skeletal pain including randomised control trials, clinical epidemiology and qualitative studies. Written communication is often the first contact that potential participants have with the research study team. Clear and accurate information will enable potential participants to make an informed choice about whether they wish to become involved in a research study or not. A recent RCN publication reminded nurses involved in clinical research of their pivotal role in ensuring that it is of the highest standard (RCN 2004). Research nurses at the PCSRC

have worked towards this by seeking to improve the quality of the written information it uses.

Aim: This presentation will provide nurses with useful practical advice on the design and content of patient information documentation for both clinical and research purposes.

Content: We will describe the development process which led to the formation of the PCSRC guidelines "Producing Written Information for Research Participants". We will outline with practical examples how the use of an audit tool, designed to assess the quality of written information, can help researchers ensure that they are meeting best practice standards.

Recommended reading:

- RCN (2004) Research ethics RCN guidance for nurses Cavendish House London

Concurrent session 7

7.1.1 Why is gaining ethical approval so fraught with difficulty?

Ann Wakefield, Lecturer in Nursing, School of Nursing, Midwifery and Health Visiting, University of Manchester, Manchester, England

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Abstract:

Every day of our lives, we make decisions based on our ethical and moral principles. So why should gaining ethical approval for a research study be fraught with so much difficulty? The declaration of Helsinki Adopted by the 18th World Medical Assembly, Helsinki, Finland, 1964 and as revised by the World Medical Assembly Tokyo 1975, Venice 1983 Hong Kong 1989 South Africa 1996 and Edinburgh 2000 is the gold standard to which all researchers should aspire. In essence, the document lays out four underlying principles on which any research study should be based. These are beneficence, non-maleficence, respect for autonomy and justice. This paper, will briefly explore some of the reasons why researchers fail to secure ethical approval for their studies. On many occasions, the decision to turn down or request modifications to a study are not simply based on a belief that applicants are unaware of the harm they can do to participants, but the frequently blind assumption that participants can do not harm to researchers. For this reason, the paper will attempt to offer novice researchers some useful hints in a bid to help them to negotiate the minefield of ethical approval more effectively.

7.1.2 Paradoxes of research ethics on evaluating service provision for marginalised groups

Linda Smith, Lecturer in Health Visiting, Department of Nursing and Midwifery, The Robert Gordon University, Aberdeen, Scotland

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Abstract:

This paper aims to highlight the paradox of research ethics on evaluating service provision for marginalised groups in society. The paper will be based on reflections from an ongoing small-scale evaluation to determine the impact that a specialist Health Visitor post is having on the postnatal support needs of drug misusing mothers. The evaluation is planned to determine this impact from a multi - professional and client perspective using both qualitative and quantitative methods. Contemporary research ethics committees within research governance frameworks aim to protect the dignity, rights, safety and well being of all actual or potential research participants. This emphasises the importance of making informed choices to volunteer as a participant in research. Relying on altruistic volunteers to participate in evaluation research does not necessarily enable involvement of the most marginalised groups in society.

Rather there is often a reliance on professionals (acting in the best interests of their clients) to recruit and involve them in the evaluation. The evaluator therefore needs to exercise openness in assessing

the judgements of those making decisions about who should be involved to ensure the voice of those most in need is heard. The argument of this paper will focus on the paradoxes between protecting the public through research ethics and research governance, and the active promotion of user involvement in planning services shaping policy and addressing inequalities.

7.1.3 Cyber-space ethics : The new challenge for nurse researchers

Carol Haigh, Lecturer Post Graduate Studies, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, England. Co author: Neil Jones

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Abstract:

The expansion of Internet technology over the past decade has seen a corresponding growth in the development and use of Internet based research methodologies (Elgesem 2003). The advantages of using the Internet for research are clear; access to research participants who are geographically dispersed, access to hard to research groups, such as drug dealers, who may not be amenable to investigation using traditional research methods and a broader range of sample than would be obtained from ordinary convenience sampling methods (Coomber, 1997). Although Internet based research is reasonably well established in other disciplines such as media studies, sociology and cultural studies; health care professions, and nursing in particular, have been slow to exploit the World Wide Web as a data collection tool. This paper provides an overview of the techniques available to the cyber-space researcher together with a consideration of the specific ethical issues that such research generates. The need for nursing research to consider the development of a specific ethical framework to address the primary areas of ethical concern such as consent, privacy, identification verification and disguise is offered for debate. The strict interpretationist stance of Bruckman (2002) is suggested as a foundation for future framework development. Such issues are further considered for their implications for both researchers and nurse educators and for those academics that are either undertaking cyber-space research of their own or supervising student's Internet based research projects.

Recommended reading:

- Bruckman, A (2002) Ethical guidelines for research online. <http://www.cc.atech.edu/~asb/ethics/> (accessed 08/07/03)
- Elgesem D (2003): What is so special about the ethical issues in on line research: Internet Research Ethics. http://www.nyu.edu/projects/nissenbaum/ethics_elg_full.html (accessed 08/07/03)
- Coomber R (1997): Using the Internet for survey research: Sociological Research Online. <http://www.socresonline.org.uk/socresonline/2/2/2.html> (accessed 01/08/03)

7.2.1 Developing shared decision-making by exploring third party involvement in consultations

Carol Bugge, Senior Lecturer, Department of Nursing & Midwifery, University of Stirling, Stirling, Scotland. Co authors: Ian Watt & Vikki Entwistle

✉ carol.bugge@stir.ac.uk

Abstract:

Background: Shared decision-making (SDM) models tend to focus on the patient-professional dyad. In this paper we will identify examples of situations where third parties were involved in decision-making in consultations and explore the implications of these for SDM.

Methods: We video-recorded consultations and undertook pre and post-consultation interviews with health professionals, from a range of backgrounds (including Nursing), and patient participants from 5 diverse clinical areas. This paper is based on a purposively recruited sample of 20 cases (26 consultations and 137 interviews). The inductive analysis aimed to provide a detailed description of identified themes (third party involvement in consultations was one theme) and a critical consideration of the relationship between the theme and SDM (Charles et al, 1999).

Results and Discussion: We identified examples where 4 different types of third party were in some senses involved in consultations: patients' families and friends, other health professionals, other people with similar healthcare experiences, and other people receiving healthcare. Third parties did not have to be present in consultations to influence SDM, some were not present but were discussed. The relationship between third party involvement in consultations and SDM was complex. In this paper we will illustrate ways in which the SDM process may look different from the dyadic conceptualisation if third parties were involved in consultations e.g. cases where coalitions were formed in the deliberation phase. We will use examples to discuss the senses in which these proposed amendments may denote a different SDM process from the dyadic conceptualisation; and whether, on some occasions, this different looking process is still SDM (but perhaps incorporating a different notion of sharing) or whether the additions, on other occasions, mask an underlying (dyadic) SDM process. In this way the paper will add an important contribution to debates about the delivery and assessment of SDM.

Recommended reading:

- Charles, C., Gafni, A., & Whelan, T. (1999). Decision-making in the physician-patient encounter: revisiting the shared treatment decision-making model. *Social Science & Medicine*, 49, 5, 651-661

7.2.2 Nurse decision-making about confusion and restraints

Ruth Ludwick, Professor, College of Nursing, Kent State University, Kent, USA. Co authors: Susan Jones & Rich Zeller

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Abstract:

The purpose of the study was to examine nurse decision-making about confusion and restraint use in nursing homes. The focus of the study was to examine the impact of 9 resident variables and selected nurse variables on nurses' decisions to

report and to document acute confusion and to use restraints. Social interaction theory, which explains that people act on the basis of "meanings" evolving from personal interaction and subjective interpretation, framed the research questions and subsequent discussion of findings. Subjects were 229 RNs and LPNs from a random sample of 144 nursing homes participated in this study. A factorial survey method was employed. The factorial survey is a research design in which the effect of independent variables is measured by combining the classic factorial design experiment with the sample survey in order to realize the benefits from both methods. The strength of the factorial survey is that it is a hybrid technique, combining the strength of random assignment inherent in the classical experimental design with the simplicity of sampling and survey research methods. Results were obtained from analysis using ordinary least squares regression (OLS). The regression analyses demonstrated the effect sizes, statistical significances, and variances explained for the independent variables on the dependent variables of reporting/documenting confusion and the initiation of restraints. Vignette variables (resident characteristics) were the most significant and consistent predictors on decision making outcomes. Nurse characteristics (e.g. experience, licensure level) had less predictive power on the dependent variables. In conclusion this study showed there is considerable consensus among nurses on when to report and document resident confusion and when to use and not use restraints. This study is important as because it tested an innovative method, the factorial survey in a nursing home setting in order to sort out the contextual factors influencing nurse decisions.

7.2.3 Some insights into children's nurses' clinical decision-making strategies

Alison Twycross, Senior Lecturer (Children's Nursing)/Senior Nurse (Research Development), School of Nursing, Midwifery & Community Health, Glasgow Caledonian University, Glasgow, Scotland. Co author: Lucy Powls

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Abstract:

Introduction: This paper reports the findings of two in-depth qualitative research studies which examined children's nurse's clinical decision-making strategies. A systematic review of the literature review (Twycross 2004) identified previous studies that proposed several factors which may affect nurses' decision-making. It revealed that the evidence to date is limited and often contradictory. No specific reports of the decision-making strategies of children's nurses' were identified. Although children's nurses have a good theoretical knowledge of childhood conditions when managing pain in children, they do not always use this knowledge in practice (Twycross 2002). The first study therefore examined children's nurses' clinical decision-making strategies in relation to post-operative pain management. The second study focused on nurses' caring for children with acute medical conditions. Both studies set out to increase understanding of:

1. How children's nurses make clinical decisions
2. Whether there are differences in decision-making strategies between experienced and less experienced nurses
3. Whether nurses' level of education affects clinical decision-making

Methods: All the nurses on the wards included in the studies were invited to participate. In the

first study participants were selected from three surgical wards (n=12). In the second study, participants were selected from three medical wards (n=15). Data were collected using the "think aloud" technique in conjunction with clinical scenarios. Nurses' verbalisations were tape-recorded and the data transcribed and analysed using the strategy outlined by Lamond et al. (1996).

Results: Regardless of experience or academic attainment, the nurses in both of these studies appeared to use non-expert decision-making strategies. Further they appeared to use a hypothetico-deductive (analytical) model of decision-making rather than an intuitive one.

Discussion: As well as guiding future research these results will enable strategies to support and improve nurses' clinical decision-making to be identified. The findings of this study therefore have implications for improving nursing practice.

Recommended reading:

- Lamond, D., Crow, R.A. and Chase, J. (1996) Judgements and processes in care decision in acute medical and surgical wards, *Journal of Evaluation in Clinical Practice*, 2(3): 211-216.
- Twycross, A (2004) Children's Nurses' Pain Management Practices: Theoretical Knowledge, Perceived Importance and Decision-Making, Unpublished PhD Thesis, University of Central Lancashire.
- Twycross, A. (2002) Managing pain in children: An observational study, *NTRResearch*, 7(3): 154 – 178.

7.3.1 From pain to presentation. Chest pain in men and the influences on help-seeking behaviour

Paul Galdas, PhD Student, School of Healthcare, University of Leeds, Leeds, England. Co authors: Francine Cheater & Paul Marshall

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Abstract:

Background: Men's reluctance to access health services is the principle health related issue facing men in the UK (White 2001). The research literature suggests masculine ideologies may play a salient role in hindering help seeking when men experience chest pain (Addis and Mahalik 2003).

Aim of the Study: 'To understand how men from differing ethnic, socio-economic and age groups, who have experienced acute chest pain, perceive their masculinity and to explore its influence on the decision to seek or delay-seeking medical help'.

Method: A qualitative approach was employed to gain in-depth knowledge into men's help-seeking behaviour. Conversational, depth-interviews were chosen as the most appropriate method of data collection. A purposeful theoretical sampling strategy was used to recruit 36 patients; incorporating diversity in social class, ethnicity, and age. The study setting included eight clinical areas in two University teaching hospitals in the North of England. Interviews were tape-recorded, transcribed, and analysed with the aid of qualitative software (NVivo v2.0). Qualitative analysis was informed by Strauss and Corbin's (1990) 'grounded theorising'; data was open, axial and selectively coded.

Results:

- Men engage in a complex process of decision making when deciding whether to seek help; this

leads to delay. • Lack of knowledge and avoiding being perceived to be 'acting soft' were the main barriers to seeking help among Caucasians. • South Asian's were less likely to perceive such barriers.

- Men's partners were important in initiating help seeking.

Conclusion: Chest pain alone is rarely sufficient to trigger help seeking in men due to a lack of knowledge and 'masculine expectations'. The findings have practice implications for all nurses who work with men, in particular, those specialising in primary care and coronary heart disease. The study, findings, and implications for nursing practice and health policy will be presented.

Recommended reading:

- Addis M.E. and Mahalik J.R. (2003) Men, Masculinity, and the Contexts of Help Seeking *American Psychologist* 58(1); pp5-14
- White A.K. (2001) Report on the Scoping Study on Men's Health March 2001; HMSO
- Strauss A. and Corbin J. (1990) Basics of Qualitative Research: Grounded Theory Procedures and Techniques Sage; London

7.3.2 Postfoundational research: The experience of integrating theory with methods

Kay Aranda, Principal Lecturer, Institute of Nursing & Midwifery, University of Brighton, England

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Abstract:

My intention in this paper is to share and reflect upon the experience of undertaking a post-modern feminist methodological approach to an 'empirical' qualitative research project. I will argue that central to this experience was the contested relationship between modern and post-modern ontology and epistemology, for in disrupting modern methodological assumptions, these post-foundational critiques question the very feasibility of empirical research and the foundations of feminist theory and practice. Yet very little practical guidance on how to do; research using these theories and critiques exists. I explore how I attempted to integrate these theories with research practices through three examples drawn from my doctoral work. I focus on the implications of these critiques for my subject matter, my choice of feminist theory and methodology and my choice of methods. By reviewing the discourses of equality found in the talk of community nurses, I show how tensions arose from the literature and evidence I reviewed, the interviews I conducted, to the analysis revealing competing and contradictory narratives which were never inevitably coherent with liberal equality discourses. I conclude that the challenge of integrating theories to research practices means the tensions and challenges involved need to be acknowledged. I will argue when engaging with these competing perspectives, and those of a more conventional qualitative methodology, epistemology and ontology, we are engaged in a continuous positioning between the two paradigms. This, I will argue, is capable of producing a useful and transgressive but creative critique of modern research. This will demand researchers' theories and practices remain open to deconstructing assumptions and continual contestation and challenge in order to develop relevant knowledge and practice within health and healthcare. Reflexivity practices will be shown to be key to this process.

Recommended reading:

- Gill, R. *Relativism, Reflexivity and Politics* Interrogating Discourse analysis from a Feminist Perspective in Wilkinson, S. Kitzinger, C. eds 1995 *Feminism and Discourse*. London. Sage. 165-186.
- Seibold, C. 2000 Qualitative research from a feminist perspective in the postmodern era: methodological, ethical and reflexive concerns. *Nursing Inquiry*. Vol.7, no.3, 147-155.
- Letherby, G. 2002 "Claims and Disclaimers: Knowledge, Reflexivity and Representation in Feminist Research" *Sociological Research Online*, Vol 6, 4, <http://www.socresonline.org.uk/6/4/letherby.html> accessed 04.04.02

7.3.3 Critical interactionism: Applying the critical lens to denzin's interactionism

Deborah Sundin-Huard, School of Nursing & Midwifery, University of Newcastle, Newcastle, Australia. Co author: Professor Kathleen Fahy, Dean of the School of Nursing & Midwifery, University of Newcastle, Australia

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Abstract:

Making decisions about the initiation, maintenance or withdrawal of life-sustaining measures is one of the most challenging aspects of critical care. These decisions mix families, nurses and doctors requiring them to interact when they are challenged emotionally, intellectually and spiritually. My research recently examined these interactions in an attempt to develop strategies to address the avoidable suffering accompanying end-of-life decision-making in the critical care environment. I have had previous experience with Interpretive Interactionism (Denzin, 1989) in my examination of nurses' experiences of attempts to challenge care which they perceived to be inappropriate or ineffective. This project found that repeated unsuccessful attempts to advocate for their patients tended to result in burnout for those nurses (Sundin-Huard & Fahy, 1999). In this currently discussed project I was interested in extending upon the nurses' project by examining the interactions between nurses and doctors, nurses and family members, doctors and family members at the moments that seemed to be giving the nurses so much distress. Interpretive Interactionism facilitates examination of the interactions around these 'epiphanal' moments but does not allow for application of a 'critical' lens to this examination. For the purpose of this project, modifications were made to Interpretive Interactionism to include post-structural philosophical tenets so that the impact of power and organisational structures (or their absences) would be included in analysis of the interaction under examination. This is a modification that Denzin himself has recommended but has not developed as yet (Denzin, 1992). Critical Interactionism is a research tool which examines intra-professional and inter-professional interactions and communications. With its focus on organisational structures and the impact of power, it is a tool which could be applied to questions at all levels and in all areas of nursing. Drawing on case studies from this recently completed PhD study, this presentation will outline the development of critical Interactionism and then demonstrate its application in practice.

Recommended reading:

- Denzin, Norman, K (1989): *Interpretive Interactionism*. 1st ed. 4th printing, Sage Publications, London, Newbury Park (California).
- Sundin-Huard, D; Fahy, K (1999): Moral distress, advocacy and burnout: theorising the relationships. *International Journal of Nursing Practice* 5(1), 8-13.
- Denzin, NK (1992): *Symbolic Interactionism and Cultural Studies: the Politics of Interpretation*. Basil Blackwell, Cambridge, UK.

7.4.1 Practice nurses views on the issues and challenges in achieving blood pressure targets in people with type 2 diabetes: A qualitative interview study

Jane Stewart, Primary Care Researcher, Hucknall Health Centre, Nottingham Primary Care Research Partnership, Nottingham. Co authors: Ken Brown, Denise Kendrick & Jane Dyas

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Abstract:

Introduction: Most people with type 2 diabetes are cared for in primary care (Pierce, M. Agarwal, G and Ridout, D 2000). Practice nurses are increasingly involved in diabetic clinics in primary care and annual diabetic reviews are carried out solely by nurses in up to 40% of practices (Williams, D. Baxter, H. Airey, C et al 2002). Diabetes management guidelines now specify a target blood pressure as tight blood pressure control in people with diabetes substantially decreases the risks of diabetes related complications (UK Prospective Diabetes Study Group 1998). Little is known about practice nurses beliefs about blood pressure targets for people with diabetes.

Objectives: To explore practice nurses' beliefs about blood pressure targets for people with type 2 diabetes, what makes it difficult to achieve targets and service changes that may increase the likelihood of achieving targets.

Methods: Semi-structured interviews were carried out with 43 practice nurses, from 41 practices in Nottingham between October 2001 and September 2002. Data were managed using QSR NUD*IST N5 and analysed using Framework analysis.

Results: Many nurses expressed positive views about having a blood pressure target, which was seen as a way of improving practice. Lack of patient compliance was seen as the major barrier to achieving the target. Suggestions for changes to service delivery tended to focus on improving education and support services for people with diabetes, as nurses felt people with type 2 diabetes' compliance was limited by lack of knowledge. However, nurses also described a range of issues within practices that inhibit the chances of achieving the target. It became apparent nurses perceived they had little say in how services for people with diabetes were organised and delivered within the practice.

Discussion: This paper increases our understanding of practice nurses beliefs about blood pressure control and factors that inhibit achieving targets with more people with diabetes. It highlights that whilst nurses have increasing responsibility for providing diabetes care, they perceive they have

little control over the delivery of diabetes care within the general practice.

Recommended reading:

- Pierce, M. Agarwal, G. Ridout, D. A survey of diabetes care in general practice in England and Wales. *British Journal of General Practice* 2000 ; 50: 542-5
- Williams, D. Baxter, H. Airey, C. Ali, S and Turner, B. Diabetes UK funded surveys of the structured provision of primary care diabetes services in the UK. *Diabetic Medicine* 19 (Suppl. 4) 21-26
- UK Prospective Diabetes Study Group Tight blood pressure control and the risk of macrovascular and microvascular complications in type 2 diabetes: UKPDS 38 *BMJ* 1998 317:703-13

7.4.2 Perceptions of health and social needs in a Bangladeshi community: Womens' and professionals' perspectives

Faye Kinsella, Head of Postgraduate Studies, School of Health Science, University of Wales Swansea, Wales. Co author: Joy Merrell

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Abstract:

Bangladeshi women are one of the most economically and health disadvantaged groups in Britain (Carpenter 2000, Blakemore 2000). This study sought to identify the health and social care needs of Bangladeshi women in Swansea. It emphasises the importance of users' participation in the planning and evaluation of services. Individual semi-structured interviews were conducted, in the participants' preferred language, with a purposive sample comprising 23 Bangladeshi women and 16 health and social care providers (HSCPs). Challenges in recruiting the sample will be discussed. Transcripts were analysed thematically. This paper focuses on two themes: Perceptions of health and social needs: Although there were some similarities in needs identified by women and HSCPs, the latter frequently cited women's needs in terms of reproductive health and as conditions such as diabetes and depression. This was in contrast to the women's emphasis upon social needs. Knowledge and use of health and social services: The women reported a good understanding of the roles of GPs and HVs, but knew little about community nurses. Access to health services was impeded by restrictive and inconvenient opening times and lack of transport, and there was evidence of inequity in service provision. Studies (Gerrish 1999, Colton and Roberts 1997, Baruah 1997) have indicated the unequal access to services experienced by Bangladeshi and Asian communities. Implications for nursing: The findings identified a need for community nurses to be more involved in outreach work and public health with this disadvantaged community, and a need for more services to be provided by ethnic minority personnel. Findings have been disseminated to the local Bangladeshi community and health and social care providers. These have informed strategic planning to address inequities in local provision

Recommended reading:

- Blakemore K. (2000) Health and social care needs in minority communities: an over-problematized issue? *Health and Social Care in the Community* 8 (1): 22 – 30.
- Gerrish K (1999) Inequalities in service provision: an examination of institutional influences on the provision of district nursing care to minority

ethnic communities. *Journal of Advanced Nursing* 30(6): 1263- 1271

- Carpenter M (2000) Reinforcing the pillars: rethinking gender, social divisions and health. In: Annandale E and Hunt K (Eds) *Gender Inequalities and Health*. Buckingham: Open University Press

7.4.3 Sending smoke signals. An RCT evaluating nurse-led smoking cessation interventions in secondary care

Julie Kapur, Nurse Researcher, Respiratory Medicine, Belfast City Hospital Trust, Belfast, Northern Ireland. Co authors: Stuart Elborn & Donna Fitzsimons

✉ julie.kapur@bch.n-i.nhs.uk

Abstract:

Background: Chronic Obstructive Pulmonary Disease (COPD) is a major cause of morbidity & mortality worldwide & is predominantly caused by smoking (NICE, 2004; West et al 2000). Smoking cessation is the only disease modifying intervention available for this population. Despite numerous systematic reviews on cessation interventions, there is a dearth of evidence evaluating nurse-led interventions for smokers with COPD. Following the publication of the BTS smoking cessation guidelines (Raw et al, 1998), a need to evaluate their efficacy was identified.

Aim: The primary aim of this study was to examine the effectiveness of selected nursing interventions on the smoking behaviour of adults with COPD attending secondary care.

Method: A randomised controlled trial compared the effectiveness of brief advice (usual care), individual nurse support and group support facilitated by nurses. Smoking status was biochemically validated at 2, 3, 6, 9 & 12 months. Intention to treat analysis was applied.

Results: Following 28 months of recruitment, 91 subjects participated in the study (mean age 61yrs, 44 male). The sample consisted of established smokers (mean 44 pack years). After 12 months cessation rates were not significantly different between groups but all groups reported a significant reduction in nicotine addiction ($p=0.03$). The usual care ($p=0.001$) and group support ($p=0.007$) groups reported significant reductions in carbon monoxide levels.

Conclusion: After one year patients were unable to stop smoking regardless of the support they received but many made significant reductions to their smoking habit. The researcher will explore the potential for nursing interventions in the future with this population. The researcher will also use her experience to discuss the merits of number methods to validate smoking status and how these can influence the results of a clinical trial. The issue of attrition and its impact on statistical analysis will also be discussed.

Recommended reading:

- National Institute For Clinical Excellence. (2004) Practical pointers what's in the new COPD guidelines? Summary of key issues produced by the BTS COPD consortium. London: Royal College of Physicians.
- West, R., McNeill. A. and Raw, M. (2000) Smoking cessation guidelines for health professionals; an update. *Thorax* 55: 987-999.

- Raw, M., McNeill, A. and West, R. (1998) Smoking cessation guidelines and their cost effectiveness. *Thorax* 53: 3.

7.5.1 Collecting qualitative focus group data on line: an e-learning socialisation case study

Julie Santy, Lecturer, Faculty of Health and Social Care, University of Hull, Hull, England. Co author: Tracey Heath

✉ J.Santy@hull.ac.uk

Abstract:

Aim: To offer delegates the opportunity to consider the implications of using online systems to collect qualitative data. Learning outcomes: 1. Discuss the methodological and ethical issues relating to collecting qualitative focus group data on line 2. Analyse the process of collecting focus group data in online discussion boards in relation to one specific study. 3. Identify factors that help eLearning students to socialise on line and how this might impact on qualitative research data collection from the same population. Elearning is becoming an increasingly popular mode of education delivery in nursing and health care and socialisation in the online environment is a key aspect of this (Salmon 2003). The internet is the most comprehensive electronic archive of written material representing peoples opinions, concerns, and desires (Eysenbach; Till 2001). The authors asked a convenience sample of 20 students studying on elearning and blended learning programmes what they felt encouraged or hindered socialisation. As elearning becomes increasingly popular in health care education, it is vital that issues related to it are explored and the question of online socialisation is central to this. By understanding what helps and hinders socialisation it will be possible to tailor the online environment accordingly. Similarly, little is yet published about the use of on line discussion boards in the collection of qualitative data. To collect this data the authors used discussion boards, which were already being used as part of the eLearning process, and used the principles of focus group data collection to support their work. This presentation aims to use the process of this study to illustrate the issues surrounding the collection of qualitative data in the on line environment. An analysis of the process of data collection will be central to the presentation. The findings of the research will be summarised.

Recommended reading:

- Salmon, G. (2003) *E-moderating. The key to online learning and teaching*. London. Routledge Falmer.
- Eysenbach, G. & Till, J.E. (2001) Ethical Issues in qualitative research on internet communities. *BMJ*. 323 (7321) 1103-5

7.5.2 Participant observation: some painful reflections

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Abstract:

Participant observation of clinical practice allows the researcher to explore and attempt to understand the situation they are studying from the perspective of those involved (Byrne 2000). Previous pain

management studies using participant observation have obtained an in-depth picture of how nurses assess and manage patients pain (Twycross 2002). Manias et al (2002) also identified four themes as barriers to effective pain management as a result of observing nurse-patient interactions. As part of a larger research project participant observation was a method of data collection chosen to obtain a richer picture of pain management for groups of patients on acute medical wards at a District general Hospital. Prior to entering the field of study the researcher carried out a series of pilot participant observation on surgical wards. The observations varied from complete participant to complete observer of care as described by Byrne (2000). As a complete participant, one of two qualified nurses on the ward, I found it extremely difficult to observe others behaviour and found myself immersed in the clinical role of nursing a group of patients. As an observer as participant and not part of the clinical team, I was able to observe the clinical situation and make notes but assist the nurse and patients. (Finding it difficult to be a complete observer and not helping when required) This paper proposes to present the findings from observing pain management on acute medical wards and discuss the reflections of the researcher, including some of the practical difficulties of participant observation.

Recommended reading:

- Byrne G (2000) Participant-observer data collection. *Professional Nurse*. 16, 2 912- 915
- Twycross A (2002) Managing pain in children: an observational study. *Nursing Times Research*. 7, 3 164-176.
- Manias E Botti M and Bucknall T (2002) Observation of pain assessment and management: the complexities of clinical practice. *Journal of Clinical Nursing*. 11, 724-733

7.5.3 The use and value of narratives in nursing research

Josephine Tetley, Lecturer in Nursing, School of Nursing & Midwifery, University of Sheffield, Sheffield, England

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Abstract:

Advocates of narrative writing argue that presenting data in this way is important and relevant to current practice as it can help practitioners and researchers understand people's diagnostic and therapeutic problems holistically (Wilcock et al, 2003). It is also suggested that narratives serve an important purpose in education and research because they are memorable, grounded in experience, enforce reflection, set a patient centred agenda, challenge received wisdom and generate new hypothesis (Greenhalgh and Hurwitz, 1998). As a researcher I was particularly interested in the use of narrative writing in research in the context of a project that aimed to explore individual's decision making processes when using, or anticipating use of, care in later life. During the project I worked with older people in three community based day centres undertaking participant observation and individual interviews. Following the process of data collection I then constructed narrative summaries which were then taken back to participants for them to read and comment on. Having used narratives in this way, this presentation will illustrate how these: 1. Enabled the person who had been interviewed to easily read and comment on a structured summary of the information that they had shared with me. 2. Helped me to see some of the key issues that

people identified as affecting their decision making process, when using or contemplating using care services. 3. Revealed issues in relation to wider life experiences and decision making processes that might not have always been immediately obvious. 4. Provided a holistic picture of the people that I had interviewed, which drew on the formal interview material and the notes that I had made during the time I had undertaken participant observation work in each setting. 5. Enabled me to feedback to participants the value of the information that they had shared with me.

Recommended reading:

- Feldam, S. (1999) Please don't call me 'dear': older women's narratives of health care. *Nursing Inquiry*, 6: 269-276.
- Wilcock, P.M. Stewart-Brown, G.C. Bateson, J. Carver, J. Machin, S. (2003) Using patient stories to inspire quality improvement within the NHS Modernization Agency collaborative programmes. *Journal of Clinical Nursing*, 12: 422-430.
- Greenhalgh, T. Hurwitz, B. (1998) *Narrative Based Medicine: Dialogue and discourse in clinical practice*. London. BMJ Books.

7.6.1 A controlled study evaluating inter-professional learning in child disability

Nicola Eaton, Principal Lecturer in Community Children's Nursing, School of Maternal & Child Health, University of the West of England, Bristol, England. Co authors: Pat Young, K Street, A Emond and M Ellis

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Abstract:

The government document 'Medical Schools: Delivering the Doctors of the Future' (2004) recommends that from the start of their training doctors and all other health professionals need to: develop early skills in communication with patients, carers and other staff to be able to learn and work flexibly in multiprofessional teams. The presentation will describe an innovative programme of interprofessional education with 2nd year children's nursing students and medical students undertaking their child health module. The two week course focussed on a child disability case study and involved pairs of students visiting a child at school and at home and presenting the findings. Six groups of 12 nursing students (72) and 16 medical students (96) were involved in the study. This programme was evaluated using attitude questionnaires, focus groups, a presentation schedule and parents telephone interviews. The findings to date indicate that this approach offers a feasible opportunity for interprofessional learning. However whilst all students indicated that they wished to learn interprofessionally, attitude scores post the programme to date have demonstrated a slight trend towards a more positive attitude change amongst the children's nursing students than amongst the medical students. This presentation will discuss in detail the methods, results and conclusions of the programme.

Recommended reading:

- Department of Health (200) *A Health Service for all the talents: developing the NHS workforce*. London, Department of Health
- The Department of Health (2004) *Medical Schools: Delivering the Doctors of the Future*. London, The Stationery Office

- The Department of Health (2000) *The NHS Plan*. London, The Stationery Office

7.6.2 The lived experience of young adults with chronic pilonidal disease: A phenomenological study

Lilian Bradley, Lecturer/Practitioner Tissue Viability, School of Nursing & Midwifery, Queens University, Belfast, Northern Ireland

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Abstract:

Pilonidal disease affects a young population (18-40 years) and usually presents as an acute abscess or a chronic draining sinus requiring surgical intervention often leaving a large wound to heal by secondary intention (Allen-Mersh, 1990). Since the average duration of symptoms can exceed three years, many young adults are forced to endure a cycle of chronic intermittent infection and drainage with interference to activities of daily living at a time when they are embarking on a career or tertiary education. Despite this little research has focused on the patient experience. The aim of this phenomenological study was to explore, over a trajectory of 6 months, the lived experience of young adults with chronic pilonidal disease. Using a Heideggerian hermeneutical approach and an analytical process developed by Deikman et al (1989), the data from a series of unstructured face-to-face interviews with a purposive sample of 3 young adults, were analysed and interpreted within a Heideggerian philosophical framework based on Dasein or 'being-in-the-world' (Heidegger, 1985). The following 3 constitutive patterns and 8 themes emerged: 'ready-to-hand', 'unready-to-hand' and 'present-at-hand', with the themes, 'active lifestyle', 'noticing symptoms', 'seeking help', 'lifestyle changes', 'demands on time', 'perceptions of care', 'coping mechanisms' and 'fluctuating emotions'. As the 3 participants sought to adapt to the challenges and changes of living with a discharging sinus or an open wound, a phenomenon common to all was the avoidance of physical activity, fearing that the "wound would rip open" or that "sweating would cause infection." The findings pose a challenge to clinicians caring for these young adults to adopt a more holistic and evidence-based approach. This research paper will present the rationale for the study, an outline of the audit trail, a discussion of the findings, and recommendations for further research, nurse education, changes in clinical practice and education of patients.

Recommended reading:

- Allen-Mersh TG (1990) Pilonidal sinus: finding the right track for treatment. *British Journal of Surgery* 77: 123-132
- Heidegger M (1985) *History of the Concept of Time*. Indiana University Press, Bloomington.
- Diekelman N, Allen D & Tanner C (1989) *The NLN Criteria for Appraisal of Baccalaureate Programs: A Critical Hermeneutical Analysis*. The National League for Nurses Press. New York, NY.

7.6.3 A computer-mediated support group intervention for parents whose children have been diagnosed with cancer

Helga Bragadattir, Nursing Director, Science Institute, University of Iceland, Reykjavik, Iceland

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Abstract:

A study was conducted to evaluate the development of a computer-mediated support group (CMSSG) intervention for parents whose children had been diagnosed with cancer. The CMSSG was offered in Iceland to parents whose children had completed cancer treatment and were within five years of treatment completion. Twenty-one parents participated in the CMSSG, which was run over a four months period. The CMSSG was an unstructured e-mail group with the goal of participants' mutual support. Outcome measures were made: before the group started (T1), two months after the group started (T2), and when the group ceased (T3). Parents were asked about their anxiety, depression, somatization, stress, perceived mutual support from participation, and their use of the CMSSG. Participation was 36% (n=21) of the total eligible population in Iceland. No statistically significant relationship was identified between demographic characteristics and participation and non-participation (p>.05). For the groups of both genders the total mean score of anxiety, depression, somatization, and stress decreased from T1 to T3. Significant changes were identified for: mothers' depression from T2 to T3 (p<.03), fathers' anxiety from T1 to T3 (p<.01), fathers' stress from T2 to T3 (p<.02). Findings indicated that both mothers and fathers perceived mutual support to some extent from participating in the CMSSG. A gender difference was identified in health related outcomes, perceived mutual support as well as use of the CMSSG. Mothers used the CMSSG by reading and writing messages whereas fathers used the group primarily by reading messages. Study findings indicate that a number of parents will participate and benefit from a CMSSG intervention. However, a more structured gender specific CMSSG may be more beneficial to parents of children diagnosed with cancer.

Recommended reading:

- Bragadottir, H. 2004. *Developing a computer-mediated support group intervention for parents whose children have been diagnosed with cancer*. Thesis (PhD). University of Iowa.
- McCloskey, J.C. & Bulechek, G.M. (Eds.) (2000). *Nursing Interventions Classification (NIC)* (3rd ed.). St. Louis: Mosby.
- Brennan, P.F. 1996. The future of clinical communication in an electronic environment. *Holistic Nursing Practice*, 11 (1), 97-104.

7.8.2 A study exploring drug use and management of patients presenting to an inner city emergency department

Rebecca Hoskins, Consultant Nurse, Faculty of Health & Social Care, University of the West of England, Bristol, England. Co author: Debra Salmon

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Abstract:

Illegal drug use is relatively common within society, with 34% of 16-59 year olds admitting to illegal drug use in their life (Ramsay et al 2001). The management of patients presenting with substance use related problems also has a significant impact on health service delivery (Sinclair et al 2003). However, over the last ten years studies exploring the impact on accident and emergency services have been notable by their absence. This study examined the proportion of patients attending an ED who had used illegal drugs and examined the relationship between drug use and diagnosis. It also analysed the perceptions of staff in relation to the workload demands associated with treating this group of patients. Representative sampling was used; patients were recruited through 168 hours of a typical week. A sample of 866 patients were independently interviewed (98.7% response rate) identifying levels and types of drug use and presenting conditions. A semi-structured survey was administered to 46 staff exploring perceptions of prevalence, factors impacting on management and quality of service provision. Of those surveyed 290 (36.3%) had used illegal drugs over a lifetime, 79 (9.9%) in the previous 24 hours, of these 5.7% had injected drugs. The relationship between presenting complaint and drug use was found to be present in 7% of cases, substantially higher than in previous studies. 43% of staff interviewed over estimated the percentage of attendances directly related to drug use. Patients were perceived to be challenging to treat to conclusion because of non-compliance and behaviour towards staff. While 70% of staff agreed that the current service delivery was acceptable within current resources 76% suggested the need for more staff and patient education and a specialist drug liaison worker within ED. The findings have direct implications on staff workload, admission rates and demand additional resources.

Recommended reading:

- Ramsay M, Baker P, Goulden C, Sharp C and Sondhi A (2001) Drug Misuse declared in 2000: results from the British Crime Survey. Home Office Research Study 224. Development and Statistics Directorate, Home Office Research
- Sinclair K, Collins D and Potokar J (2003) Drug misuse by patients in an inner city hospital. Nursing Standard. 17, 41, 33-37

7.8.3 Postnatal depression: Exploring the sources of health visitors' knowledge and the impact on professional judgement: a qualitative study.

Jane Stewart, Primary Care Researcher, Hucknall Health Centre, Nottingham Primary Care Research Partnership, Nottingham, England

✉ jane.stewart@broxtowehucknall-pct.nhs.uk

Abstract:

Background: Postnatal depression (PND) affects 10-15% of women and can have serious consequences for both the mother and the child. (O'Hara 1997) Although Health Visitors (HVs) are perceived to be ideally situated to detect PND (Dept of Health 1999) it is well-documented that it often goes undetected and research has shown that HVs may ascribe depression to women who are not depressed. (Shepherd 1996) Little is known about the sources of knowledge HVs use when making decisions about who may have PND. Such an understanding may help to explain why PND is poorly detected and can help inform the development of appropriate training. Aims To explore the sources of HVs knowledge about PND and whether this has an impact on professional judgements made about PND.

Methods: Data were collected using semi-structured interviews and used vignettes to compare HVs interpretation of the same scenario. Interviews were tape recorded and transcribed verbatim. The principles of grounded theory were used to analyse the data.

Results: Twelve interviews were carried out in Nottinghamshire UK. HVs accumulated knowledge about PND from a range of sources including formal teaching and practical experience. However personal knowledge of becoming a mother and the impact this has on women's lives (often negative) also featured heavily in the accounts. HVs used implicitly held personal models of PND which they often found difficult to explain. Use of vignettes allowed exploration of professional judgement about PND and highlighted how the knowledge used by individual HVs led to substantially different judgements about the nature of the situation described in the vignette.

Conclusion: Professional judgement is influenced by the personal models of PND held by HVs and this can help to account for its poor detection. Training to improve detection should give HVs the opportunity to make their personal models of PND explicit and explore how their model impacts on their professional judgement and practice.

Recommended reading:

- Department of Health (1999) National Service Framework for Mental Health London Department of Health
- Shepherd, M. (1996) Depression in the Work of British Health Visitors: Clinical Facets. Social Science and Medicine Vol 43 no11 pp1637-48
- O'Hara, M. (1997) The Nature of Postnatal depressive Disorders in Murray, I and Cooper, P. (eds) Postpartum Depression and Child Development New York and London The Guildford Press p3-31

7.9.1 Emotional health and well being of young people in secondary schools in a shire county in the Southeast of England

Elwyn Coombes, Research Fellow, School of Health & Social Care, Marston Campus, Oxford Brookes University, Oxford, England. Co authors: Paul Yerrell & Jane Appleton

✉ elcoombes@brookes.ac.uk

Abstract:

Since the early 1980s, the importance of addressing children and young people's mental health and emotional development has been increasingly recognised in UK government national policy. Recent studies suggest that up to one in five children and adolescents may suffer from a wide range of mental health problems, including emotional disorders such as anxiety and depression, conduct disorders, hyperkinetic disturbances and developmental and eating disorders (Audit Commission 1999). In the light of the recently launched Children Bill (DfES, 2004), it is timely to examine the progress of implementation of the emotional health and well being agenda in schools. A survey of state secondary schools (n=34) in the county was undertaken using a structured postal questionnaire. The questionnaire consisted of two parts: the first part asked for information about the school and the second part requested specific information about emotional health and well being. Following preliminary analysis of the postal questionnaires, tape-recorded focus groups were conducted with young people attending five selected schools 34 questionnaires were sent to secondary schools and 8 were returned (response rate 24%). These consisted of 2 grammar schools (one single sex boys and one mixed school), 2 high schools (single sex boys) and 4 community colleges (mixed). All Schools reported having behaviour and discipline, anti-bullying and diversity (racism, homophobia, sexism and disability) policies in place. Mechanisms for identifying and responding to pupil distress were identified: form tutors, year tutors, individual tutors, pastoral head of year, counsellors, school nurse, matron, visiting GP, buddy systems, specialist support for child protection. Variation in the content and process of staff training and development was reported. Young people reported issues regarding the environments in schools (overcrowding, gender issues, academic pressures). Pupils said they were aware of policies and mechanisms for dealing with bullying but felt that they were difficult to engage with. Overall, the young people we spoke to were critical of PSHE and did not feel that that aspects of the curriculum were taught sincerely, skilfully or by the appropriate teachers.

Recommended reading:

- Audit Commission (1999b) Briefing: Children in Mind: Child and Adolescent Mental Health Services London: Audit Commission
- Department for Education and Skills (2004) Every Child Matters: Next Steps Nottingham: DfES Publications
- Johnston T. and Titman P. (2004) A health visitor-led service for children with behavioural problems Community Practitioner 77, 90-94

7.9.2 Practice nurses' contribution to chronic disease management in primary care: A case study involving children with asthma

Geraldine Lyte, Lecturer in Nursing, School of Nursing, Midwifery & Social Work, University of Manchester, Manchester, England. Co authors: Linda Milnes, Peggy Keating & Arthur Finke
Geraldine.Lyte@man.ac.uk

Abstract:

Objective: This paper presents the outcomes of a qualitative case study of the review management process for childhood asthma in one Primary Care Trust, with a particular focus on the role of the Practice Nurse. Review management is important in addressing the high levels of morbidity associated with chronic diseases. Yet in spite of their increasing responsibilities in this area, Practice Nurses feel that their role is not justified by its task orientated portrayal in the literature (Atkin and Lunt 1996).

Research Design: A qualitative case study design was used to describe the role of Practice Nurses in reviewing children with asthma, from the perspectives of children with asthma, their parents and health professionals. Case study is a form of empirical enquiry that investigates contemporary issues, within context, using particular situations within the case to describe, verify or generate theory (Yin 1994). Methods Eighteen children, 16 parents, 14 Practice Nurses and 14 General Practitioners from 14 General Practices were interviewed. In addition, asthma review clinics were observed and asthma related documentation was examined in order to gain a thorough understanding of the case.

Findings: Practice Nurses were perceived as responsible for the review management of childhood asthma. Children and their carers, nurses and doctors, had expectations about the nurse's role in clinical judgements (nursing diagnosis) and decision-making that is not currently explicit either locally or nationally (Robertson et al. 1997). Some needs of children and families however, were not being met.

Conclusions The findings have implications for the developing role of Practice Nurses, particularly for advancing practice and preparation and support for providing family centred care. This research also indicates that in the locality of the study, responsibility for review consultations in childhood asthma needs to be formalised. A more proactive and family-centred approach is required for higher quality review management.

Intended learning outcomes:

- To examine the current and potential contribution of Practice Nurses in chronic disease management.
- To discuss the use of multiple sources of data to describe the Practice Nurse's role, using case study design.

Recommended reading:

- Atkin K & Lunt N (1996) Negotiating the role of the practice nurse in general practice *Journal of Advanced Nursing* 24 pp498-505.
- Yin RK (1994) *Case Study Research: Design and Methods* [2nd Ed] London: Sage Publications.
- Robertson R, Osman LM, & Douglas JG (1997) Adult asthma review in general practice: nurses' perception of their role *Family Practice* 14 pp227-232.

7.9.3 Planning End-of life care for children with life-threatening illness and their families. A framework for practice?

Mary Lewis, Senior Nurse and Clinical Lead, Community Children's Nursing & Research Associate, Centre for Child and Adolescent Health, University of the West of England, Bristol, England. Co author: Fiona Finlay
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Abstract:

When a child is diagnosed with a life-threatening or life limiting diagnosis, a family enters a world where difficult decisions regarding ongoing care need to be made. Key principles and recommendations for care delivery to this population are well documented (ACT 2003). The prevalence, morbidity and mortality, the range of conditions and commonality of effects have also been documented (Lenton et al 2001). One aspect of care that has not been widely investigated in children's palliative care is the concept of end-of-life plans. An end-of-life plan in this context is defined as a written plan for children with life-threatening illness to assist decision-making around the end of life. The study presented aimed to review end-of-life plans in use by one children's community palliative care service and inform a project aimed at improving participation and involvement in end-of-life care planning (Clark 2003). A notes review located eight end-of-life plans; references to end-of-life decisions elsewhere were not recorded consistently or systematically. The plans represented an age range of two months to sixteen years and a mixed group of diagnoses. A variety of people had been involved in developing the plan, but notably no reference was made to the child's involvement. The focus of the plans tended to be on medical management decisions but did not include pre and post death plans. The findings, discussion of the implications for practice and a report of the progress of a pilot study introducing a framework to guide practice in planning end-of-life care will suggest that a family's experience may be improved by considering events preceding and following death. This study is of significance in the developing field of children's palliative care, contributing to the debate on how to engage proactively and collaboratively as an inter-professional team with children and their families in relation to such a sensitive subject.

Recommended reading:

- Association for Children with Life-threatening or Terminal Conditions and their Families (ACT) and Royal College of Paediatrics and Child Health (RCPCH) (2003), *A Guide to the Development of Children's Palliative Care Services*. Bristol: ACT.
- Clark, J (2003) *Patient Centred Death*, *British Medical Journal*, 327. 174- 175.
- Lenton, S., Stallard, P., Lewis, M., Mastroiannopoulou, K. (2001) Prevalence and morbidity associated with non-malignant life-threatening conditions in childhood. *Child: Care, Health and Development*, Volume 37 (5), 389 - 398.

10.45 – 12.15

Concurrent session 8

8.1.1 Grounded theory methodological issues: Lessons learned from a novice researcher's perspective

Eloise Pearson, Clinical Nurse Manager, Department of Ambulatory Care, Theatres & General Surgery, Aberdeen Royal Infirmary, Aberdeen, Scotland
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Abstract:

Grounded theory as a methodology has enjoyed an increase in status within nursing research and has contributed to the development of nursing knowledge (Sheldon 1998, Streubert & Carpenter 1999). However, the differences developed between Glaser and Strauss regarding the grounded theory methodology have created a tension which has the potential for restricting and stifling the necessary creativity required to produce a grounded theory (Heath & Cowley 2004). Additional tensions experienced arise from attempting to strike a balance between various ethical responsibilities towards patients. To novice researchers this can cause methodological confusion and requires an 'on the job' experience of learning, embracing and utilising the methodology whilst carrying out the research. This paper will discuss the personal dilemmas relating to methodological issues arising from my experience of learning to use grounded theory to explore the needs of emergency surgical patients during a previous pilot study and my current study, which is still in progress. The pilot study followed the Strauss and Corbin framework, whereas the current doctoral study has been directed by the Glaserian framework. The choice of grounded theory as a methodology was especially suitable for these studies given the lack of research and established theories on emergency surgical patients' needs. The complexities of the methodological learning experience are compounded by the tensions experienced in striking a balance between adhering to the ethical requirements relating to data collection and achieving the desired research outcomes in terms of accessing emergency surgical patients. It is anticipated that this paper will contribute to the development of nursing research knowledge by offering potential solutions to the grounded theory methodological issues arising from the researchers' personal experience.

Recommended reading:

- Heath H. and Cowley S. (2004) Developing a grounded theory approach: a comparison of Glaser and Strauss. *International journal of Nursing Studies* 41: 141-150
- Streubert HJ. And Carpenter DR. (1999) *Qualitative Research in Nursing. Advancing the Humanistic Imperative*. [2nd Edition] Lippincott, Philadelphia.
- Sheldon L. (1998) Grounded theory: issues for research in nursing. *Nursing standard* 12(52): 41-50

8.1.2 Using grounded theory: Methodological dilemmas

Kathleen Duffy, Lecturer, School of Nursing, Midwifery & Community Health, Glasgow Caledonian University, Glasgow, Scotland

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Abstract:

This paper will discuss the challenges of using grounded theory methodology for the first time. The purpose of this paper is to highlight some of the methodological and practical issues I have had to deal with during the data collection phase of a PhD study. It is hoped that in sharing my experiences it may be of benefit to researchers new to this methodology. The paper will discuss some of the methodological and practical challenges in relation to: - the use of interviews in grounded theory - concurrent analysis and data collection - transcription of the data. The first methodological issue which will be discussed in the paper centres on the type of interview appropriate for a grounded theory study. Wimpenny and Gass (2000) question whether there is indeed a 'typical' interview in grounded theory. With reference to my own research, and appropriate literature, I will discuss the issues surrounding one-to-one interviewing in grounded theory. The second methodological issue centres on the constant comparative method of analysis. With grounded theory, the selection of subjects, data collection and analysis are linked from the beginning of the research however Strauss & Corbin (1998) highlight that novice grounded theorists can be over-enthusiastic about data collection and conduct a series of interviews without concurrent analysis, thus missing the opportunity to sample on the basis of emerging concepts. Within the paper I will highlight the practical dilemmas, and subsequent strategies that were utilised in order to adhere to the constant comparative method. Finally the paper will discuss the pitfalls I encountered with transcription. Easton et al (2000) highlight that problems with transcription are not uncommon in qualitative research. I will offer some practical solutions to this aspect of data collection.

Recommended reading:

- Easton K.L. et al (2000) Avoiding common pitfalls in qualitative data collection and transcription. *Qualitative Health Research* Vol.10, 5, p.703-707
- Wimpenny P, Gass J. (2000) Interviewing in phenomenology and grounded theory: Is there a difference? *Journal of Advanced Nursing*. Vol.31, 6, p.1485-1492.
- Strauss A., Corbin J. (1998) *Basic of Qualitative Research Techniques and Procedures for Developing Grounded Theory*. Thousand Oaks, SAGE.

8.1.3 Grounded theory: Research rigour or ritualistic practice?

Angela Grainger, Assistant Director of Nursing (Education & Research), Executive Nursing Practice Development Team, King's College Hospital NHS Trust, London, England

Abstract:

The acrimonious debate occasioned by the publication of Strauss and Corbin's (1990) "Basics of Qualitative Research, Grounded Theory Procedures and Techniques" has created opportunities to re-examine the principles upon which grounded theory

was founded. Originating from a desire to generate theory directly from empirical data, the content of the data, whilst manipulated, fragmented and reconfigured during scientific analysis, remains pure in that it is not influenced by an already established theory. Data distortion as a result of interpretation being in accordance with the philosophical constructs of a particular theory is averted, minimising false-fit analysis. Glaser and Strauss (1967) formulated grounded theory due to the emphasis in sociology of analysing data against established theories, which they perceive as mere verification, which stifles the growth of knowledge. They explain the principles for empirical data collection, examination and analysis, giving each stage distinctive terminology. Strauss and Corbin then followed "The Discovery of Grounded Theory" with an explicit text that prescribes how to conduct each stage procedurally; this is the juncture that has led to fruitful debate. This paper contributes to the ongoing debate of what constitutes a grounded theory, and the criteria by which it is judged. It demonstrates how the critical perspective of Labour Process Theory is related to my grounded theory doctoral study entitled "Fit for Nursing? Pure and applied grounded theory schools of thought are acknowledged, but methodologically a third way has been employed. Whilst the possibility is mentioned, little practical attention has been paid to the role of comparative analysis in marrying data findings to an established theory through further axial and selective coding. Epistemological issues are discussed where the substantive and established theory intersect.

Recommended reading:

- Glaser B and Strauss A. L. (1967) *The Discovery of Grounded Theory: strategies for qualitative research*. USA: Aldine
- Braverman, H. (1974). *Labor and Monopoly Capital. The degradation of work in the twentieth century*. London: Monthly Review Press.
- Strauss, A. and Corbin, J. (1990). *Basics of qualitative research: Grounded Theory procedures and techniques*. USA: Sage

8.2.1 Measuring clinical appropriateness of nurse prescribing: methodological issues arising from a national evaluation of practice

Sue Latter, Reader in Nursing, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co authors: Jill Maben & Molly Courtenay
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Abstract:

In 2004 the first funded national evaluation of extended formulary independent nurse prescribing was completed (Latter et al 2004). The study provided an evaluation of the expansion of independent nurse prescribing to inform further developments for prescribing in nursing and other health professions. As part of the case study approach, non-participant observation of a sample of 118 nurse prescribing episodes in 10 sites was undertaken. Assessments of the safety and effectiveness of each prescribing episode were guided by an observation schedule constructed using competencies from the National Prescribing Centre (2001) framework and those of Objective Structured Clinic Examination (OCSE) assessments used currently in a number of Higher Education Institutions. Each prescribing episode was also audio-recorded.

A sample of 10% (n=12) of the audio-recorded prescribing observations from across the sites was transcribed and the transcripts distributed to an 'expert panel' of medical prescribing experts. The experts were asked to rate the clinical appropriateness of the sample of prescribing episodes using an adapted version of the Medical Appropriateness Index (after Hanlon et al 1992). These ratings were used to complement the conclusions derived from the researchers' in-situ observations of practice using the competency-based observation schedule. This paper will outline specific issues arising from the methodological approach used for the evaluation. It will focus on the construction of the observation tool used to structure, guide and assess nurse prescribing and explore how this was employed in practice settings. The methodological implications of developing a rating tool for the expert panel will also be outlined, together with issues arising from the collection and analysis of data derived from the 'expert panel'.

Recommended reading:

- Hanlon JT, Schamder KE, Samsa GP et al (1992) A Method for Assessing Drug Therapy Appropriateness. *Journal of Clinical Epidemiology* 45 (10) 1045-1051
- national Prescribing Centre (2001) *An Outline Framework to Help Nurse Prescribers*. NHS National Prescribing Centre
- Latter S, Courtenay M, Maben J, Myall M, Dunn N (2004) *Evaluation of Extended Formulary Independent Nurse Prescribing*. Department of Health Policy Research Programme funded project

8.2.2 What do service users and health professionals think about nurse prescribing? Exploring patients, nurses, doctors and pharmacists' perceptions of extended formulary independent nurse prescribing in England

Jill Maben, Lecturer & Post Doctoral Fellow, The London School of Hygiene & Tropical Medicine, University of Southampton, Southampton, England. Co authors: Sue Latter & Michelle Myall
✉ jill.maben@lshtm.ac.uk

Abstract:

The extension of prescribing powers to nurses forms a key part of the strategic policy programme to modernise the NHS (DH 2000). There are rising numbers of EFINP in England, with numbers set to increase further in line with government policy on extending prescribing powers to non-medical prescribers (DH 2004). This paper will present findings from the first national evaluation of EFINP commissioned by the Department of Health Policy Research Programme and examines the views and experiences of a range of stakeholders in regard to nurse prescribing. Questionnaires and interviews were used to collect data in ten case studies, purposively sampled from a national survey of EFINP. Patients who had received a prescription from an EFINP completed questionnaires (n=198), which were analysed utilising a combination of SPSS and content analysis. Semi-structured interviews with EFINP (n=13), doctors (n=12), and pharmacists (n=10) were also undertaken across a range of different practice settings and were inductively analysed. Findings presented will

include the extent to which nurse prescribing has benefited patients, health professionals, and the NHS. Patient experience of EFINP will be explored, with particular reference to satisfaction with nurse prescribing, access to medicines and the quality of care received. Nurses' views on the advantages and disadvantages of EFINP will be presented as well as their opinions on developing and improving practice in the light of their experience. Similarly the opinions of doctors and pharmacists on these issues and the wider contribution EFINP has made to the NHS will be examined. Key findings include for example: the majority of all groups of health professionals viewed nurse prescribing positively and the majority of patients were in favour of nurse prescribing and were confident in nurses' ability to prescribe for them. These findings provide important feedback on the success of this policy and practice initiative to date.

Recommended reading:

- Department of Health (2000) The NHS Plan. London: Department of Health.
- Department of Health (2004) Mechanisms for nurse and pharmacist prescribing and supply of medicines. London: Department of Health.

8.2.3 Experiences of extended formulary independent nurse prescribers: Findings from a national survey in England

Michelle Myall, Research Fellow, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co authors: Amanda Young, School of Nursing & Midwifery, University of South Africa

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Abstract:

The extension of prescribing to nurses forms a key part of the strategic policy programme to modernise the NHS. In May 2001 the Government announced that independent prescribing would no longer be restricted to health visitors and district nurses but extended to more nurses and a wider range of medicines (DH 2001). In Spring 2002 the provision of training programmes to support the extension of independent nurse prescribing began and later that year the first EFINPs began practising. This paper is based on completed findings from the first national evaluation of extended nurse prescribing in England funded by the Policy Research Programme, Department of Health. It examines the experiences of nurses who completed the first EFINP course in 2002, and who are prescribing independently from the extended formulary. This paper therefore provides a national perspective of current extended nurse prescribing practice. A postal questionnaire was distributed to EFINPs randomly sampled from those qualifying in 2002 in England. Both closed and open-ended questions were included in the questionnaire and data were coded and inputted into SPSS (Version 11) for analysis. Key findings will be presented and discussed. For example, most respondents felt satisfied with the taught course and medical mentorship they received. The majority of nurses felt confident in prescribing and believed they had adequate knowledge and training to prescribe antibiotics. Nearly all respondents felt their nurse prescribing had improved the quality of patient care. However, lack of access to computer generated scripts and limitations of the formulary were cited as unhelpful to nurse prescribing practice. By focusing on the experiences of the first cohort of extended formulary nurse prescribers this paper

presents a unique national perspective on current EFINP practice that will inform future developments in the policy and practice of nurse prescribing.

Recommended reading:

- Department of Health (2001) Patients to get quicker access to medicines. DH Press Release 2001/0223

8.3.2 Co-constructed Inquiry: a new approach to the generation of shared knowledge in chronic illness

John Keady, Professor of Admiral Nursing, School of Health, Northumbria University. Co author: Sion Williams

Abstract:

The paper introduces the components of a new methodology that addresses the challenge of moving forward constructivist grounded theory as outlined initially by Charmaz (2000) and the search for the mutual creation of knowledge by the viewer and viewed. In part to answer this quest, the development of Co-constructed Inquiry (CCI) emerged through a nursing practitioner-research programme conducted in North Wales that began in 2003 and was grounded in the area of chronic illness. Using practice and research exemplars from the fields of dementia care, stroke and Parkinsons disease, the presenters and originators of CCI will outline a number of key criteria that underpin the approach, including longitudinal design, constructivist principles, specialist nurse involvement, life story work and the need to establish a more egalitarian relationship between supervisor(s), researcher and participant(s). Specifically, we have found in CCI that a prolonged period of engagement in the research relationship is necessary in order to develop the co-construction of meaning over time. This engagement facilitates a move away from researcher subterfuge, the hegemony of the research process as a closed enterprise and the researcher as sole interpreter of the data. In CCI the rules of engagement include the following two conditions: fit and work, the need to marry together the clinical area/condition, lay understanding(s) of chronicity and the researcher as practitioner; and narrative relationship, the opportunity for prolonged life story work as a prelude to co-constructing theory. Arguably, CCI provides a powerful approach for changing traditional parameters of reflexivity and the locus of control over research analysis and emergent theory (Adkins, 2003). CCI presents an opportunity for those engaged in chronic illness research and clinical nursing practice to allow people to speak for themselves whilst producing a synthesis of proximal-lay knowledge to understand experience and develop practice (Clarke et al., 2003)

Recommended reading:

- Adkins, L. (2003) Reflexivity and the politics of qualitative research. In T. May (Ed) *Qualitative Research in Action*. London: Sage. Pp.332-348
- Clarke, C., Keady, J. and Adams, T. (2003). Community Mental Health Nursing and dementia: integrating practice and knowledge in a clinical context. In: J. Keady, T. Adams and C. Clarke (Eds.). *Community Mental Health Nursing and Dementia Care: Practice* Pe
- Charmaz, K. (2000). Grounded Theory: Objectivist and Constructivist Methods. In: N.K. Denzin and T.S. Lincoln (Eds.). *Handbook of Qualitative Research*. 2nd Edition. Thousands Oaks: Sage. Pp. 509-535.

8.3.3 An investigation into the process of adaptation for those living with HIV/AIDS

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✉ ohlayoh@hotmail.com

Abstract:

The unknown discourse of HIV/AIDS, as it presents itself today, provides the fundamental basis of this research. To further understanding of the HIV trajectory, the following questions are asked: Firstly, what are the experiences, physically, psychologically and socially, of those living with HIV/AIDS today? Secondly, what stages can be identified throughout the course of the illness? Thirdly, what are the processes of adaptation within the HIV experience and how does the patient adjust to the various changes experienced during the HIV discourse? The study is investigating how people adapt to living with HIV/AIDS. The research aims to identify the stimuli triggering the need for adaptation, the method of coping and the adaptive response, framed by Roy's Model of Adaptation (1999). Results are to be presented as a conceptual framework detailing the process of adapting to HIV/AIDS. The objectives are as follows: - To identify the stages of adaptation throughout the course of HIV/AIDS - In accordance with Roy's Model of Adaptation, to determine the stimuli and adaptive modes and their interactive relationships throughout the stages of HIV/AIDS - To outline the process of adaptation to HIV/AIDS within a conceptual framework developed through grounded theory. A qualitative, grounded theory approach has been chosen to explore the process of adaptation, leading to development of a conceptual framework (Strauss & Corbin, 1990). Exploratory descriptive case studies are taking place to abstract narratives of the experience of HIV/AIDS. Interviews are tape recorded and transcribed word by word. Field notes are collated alongside the transcript and used during the coding process of data analysis. Once categories have been formed the conceptual framework will be developed. Roy's Model of Adaptation will be used to outline conceptual development and will be used as a comparison in the stages of adaptation that develop from the research.

Recommended reading:

- Roy & Andrews (1999) *The Roy Adaptation Model*, Connecticut, Appleton & Lange
- Tassie J (2002) Time to AIDS from 1992-1999 in HIV-1 infected subjects with known date of infection. *Journal of Acquired Immune Deficiency Syndrome*, 30, 1, 81-7
- Strauss A & Corbin J (1990) *Basics of Qualitative Research* (2nd Ed.), California, SAGE

8.4.1 Exploring empowerment from the perspective of Irish nurses and midwives

Melissa Corbally, Lecturer in Nursing, School of Nursing, Dublin City University, Dublin, Ireland. Co authors: Anne Scott & Anne Matthews

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Abstract:

The concept of empowerment is a widely used yet frequently misunderstood concept in relation to health and nursing care. There have been numerous attempts to define empowerment from

both organisational perspectives (Lashinger 1996) and psychological perspectives (Spreitzer 1995). Empowerment theory is also equally diverse. Several research approaches have attempted to measure empowerment. Most of these have assumed its meaning which is problematic given the fact that empowerment is interpreted at the level of the individual. Zimmerman (1995) asserts that empowerment is contextually determined. Because nurses and midwives practice in complex environments it is also possible that these contexts impact on their perceptions of empowerment. This study aimed to explore perceptions of empowerment amongst a purposive sample of ninety-three nurses and midwives nominated by Directors of Nursing and Midwifery. Ten focus groups were held across the Republic of Ireland with representation sought from midwifery and five branches of nursing. Empowerment was found to comprise of inherent beliefs of control, personal power and professional respect. Education for practice was found to be an antecedent to inherent empowerment beliefs. Six impacting factors that determine empowerment beliefs were also identified. These are organisational factors, management, professional issues, interpersonal issues, individual factors and historical legacy. This paper will present a conceptual model of empowerment based on the findings outlined above. The findings, while reflecting aspects of empowerment theory and research, suggest that empowerment is conceptualised more broadly by Irish nurses and midwives than in previous literature. Education for practice as antecedent, professional respect as an inherent empowerment belief, having a clearly defined role and willingness for empowerment are new findings. This study supports the view that empowerment is complex and contextually determined and as such, contributes to current understanding surrounding the meaning of empowerment amongst practising nurses and midwives in Ireland.

Recommended reading:

- Laschinger, H. K. S. (1996). A theoretical approach to studying work empowerment in nursing: A review of studies testing Kanter's theory of structural power in organisations. *Nursing Administration Quarterly*. 20(2), 25-41.
- Zimmerman, M.A. (1995) Psychological Empowerment: Issues and Illustrations. *American Journal of Community Psychology*. 23 (5): 581-599
- Spreitzer, G.M. (1995) Psychological empowerment in the workplace: Dimensions, measurement and validation. *Academy of Management Journal*. 38 (5), 1442 - 1465

8.4.2 New roles in rehabilitation: The implications for nurses and other professionals

Emma Stanmore, Lecturer in Ongoing Healthcare, School of Nursing Midwifery & Health Visiting, Manchester University, Manchester, England. Co author: Heather Waterman

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Abstract:

The development of rehabilitation and intermediate care services and roles therein is part of current health policy due to the need to meet the demands of the ever-growing older population. One new role is the Rehabilitation Assistant (RA). This is a type of generic support worker trained at a basic level

in nursing, physiotherapy, occupational therapy and social work who works under the supervision of the referring professionals, to deliver integrated rehabilitation programmes. RAs were introduced in one region in the north west of England to increase the rehabilitation activity for patients. Nationally, new roles are being developed in the NHS but as yet without any clear evidence on their effectiveness. An empirical study was recently undertaken to evaluate the impact of the RAs from the perspectives of patients and associated nurses, therapists, managers and the RAs. Fifty-five semi-structured interviews were used to collect data, which was then inductively analysed into categories and then themes. The categories included variations in role, benefits of role, acceptance and integration of role, difficulties with role, training and retention. This presentation will focus on the benefits and difficulties of the role. It was found that patients, professionals and the RAs expressed great satisfaction with the new role. However, barriers to effective rehabilitation were reported due to ward routines and organisational systems which interrupted and caused inconsistencies with the rehabilitation care programmes for patients. If it is agreed that the majority of patients (unless end stage terminally ill, unwilling or unable) could benefit from some degree of rehabilitation then there is an issue around how such skills could be widely implemented. This paper discusses the barriers to effective rehabilitation, the benefits and drawbacks of looking at new ways of working and the need for a unified approach by all care workers in rehabilitative care.

8.4.3 Midwives' attitudes to domestic violence in the provision of maternity care in hospital and community Trusts in Northern Ireland

Anne Lazenbatt, Reader in Health Sciences, School of Nursing & Midwifery, Queens University Belfast, Northern Ireland. Co authors: Frances McMurray & Lyn Thompson-Cree

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Abstract:

Domestic violence (DV) is now recognised as a major public health issue (WHO, 2002). Lack of reliable statistical data and variance in definition make it difficult to estimate the true extent of the problem (Ramsey et al., 2002). Pregnancy, far from being a time of peace and safety, may trigger or exacerbate male violence (Bacchus et al., 2002). In Northern Ireland [NI] there is limited knowledge on how midwives deal with the emotive issue of DV and how they navigate around the many barriers to identification and support for women in violent situations. This research paper presents the results of survey questionnaire that identified midwives' attitudes and stereotypic beliefs towards the identification of women experiencing domestic abuse, and assessed their informational, educational and training needs. The sample included a full census of all 861 midwives in hospital and community Trusts throughout NI. In all, 488 questionnaires were returned [57 % response rate]. Factor analysis of the 22-item attitude questionnaire produced 3 factors, which accounted for 36% of the variance: namely: stereotypical myths surrounding DV; training, support & screening; and confidence in supporting women suffering abuse. In general, most of the midwives [82 %] did not subscribe to the numerous myths surrounding domestic violence, however, 65 % underestimated the prevalence of

DV in NI. Importantly, however, Factor 3, associated with confidence levels indicated that, in general, midwives lacked confidence in dealing with the issues addressing domestic violence (mean summary score 33 %). This study provides evidence to suggest that on-going training; education and support are necessary and essential to provide midwives in practice with the confidence to address domestic violence in their client population and recommends training midwives in the utilization of psychosocial antenatal and postnatal screening forms, and the use of a focused clinical assessment.

Recommended reading:

- WHO. (2002) World Report on Violence and Health. World Health Organisation, Geneva.
- Bacchus L., Mezey G., Bewley S. (2002) Women's perceptions and experiences of routine enquiry for domestic violence in a maternity service. *BJOG: An International Journal of Obstetrics and Gynaecology*.
- Ramsey J., Richardson J., Carter YH., Davidson LL. & Feder G. (2002) Should health professionals screen women for domestic violence? Systematic review. *British Medical Journal* 325, 1-13.

8.5.1 Diabetes management in primary care: professional and lay perspectives

Jacqueline Griffith, Senior Lecturer, Faculty of Health & Social Work, University of Plymouth, Plymouth, England. Co author: Adrian Roberts

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Abstract:

This paper discusses the findings of a small scale qualitative project looking at management of type 2 diabetes in primary care. This study was an evaluative part of a larger project which developed a complex intervention to have specialist review of all type 2 diabetic patients within one rural general practice in the Southwest. Data collection was undertaken in a variety of ways: patients were interviewed individually, healthcare professionals were interviewed by focus group and reflective diaries kept by the professionals were collected. Sampling was purposive. Data was analysed by coding the transcripts of interviews and the diaries and sorting these codes into categories and then broader themes. There was comparative analysis across cases. The findings from the patient data highlighted the importance of relationships with healthcare practitioners, and the value of continuity of care. There were some deficits in patient's understanding of the monitoring process of their condition, and the implications of their behaviour. Patients were almost entirely happy with the care they received from their gp practice and articulated a high level of trust. The findings from the healthcare professional's data revealed the difficulties they had with the new intervention requiring them to transmit data electronically to the consultant for review and provide an action plan formulated with the patients, using the consultant's feedback. The GP and practice nurse learnt a huge amount about diabetes management and became more confident, while the consultant learnt a lot about the contextual factors that impinge on decisions about treatment in the primary care setting. This study is valuable for healthcare professionals who are working with patients with type 2 diabetes, but some of the information is also transferable to patients with other chronic diseases.

Recommended reading:

- Koch T Kralik D Sonnack A 1999 Women living with type 2 diabetes: the intrusion of management. *JCN* Vol 8 (6) p712-722
- Pooley CG Gerrard C Hollis S Morton S Astbury S 2001 Oh it's a wonderful practice, you can talk to them: a qualitative study of patients' and health professionals' views on management of type 2 diabetes. *Health and Social Care in the Community* 9 (5) p318-

8.5.2 An evaluation of the impact of the Glasgow diabetes project on healthcare for people with Type 2 Diabetes

Joan McDowell, Head of Nursing & Midwifery School, University of Glasgow, Glasgow, Scotland. Co authors: Grace Lindsay, Malcolm Brown, Gillian Halyburton, Tony Doherty & Tim Eltringham, Kathryn McPhail

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Abstract:

Diabetes is a condition which is escalating in prevalence and is associated with high levels of morbidity and mortality (Scottish Executive 2001, Zimmet et al 2001). It has been essential to redesign the organisation and management of diabetes care in order to provide a quality service to this growing client group (NHS Executive 1997). In Greater Glasgow the Glasgow Diabetes Project has been implemented over recent years in a rollout project across the city. The project has been developed in line with key recommendations so that people with Type 2 Diabetes now receive their care primarily in the community at GP based clinics as opposed to attending secondary care for their annual review. An evaluation research study is being conducted in one of the pilot LHCCs to evaluate the impact of the project on healthcare for people with Type 2 Diabetes. The study uses a range of quantitative and qualitative research tools to measure before and after data. Changes in clinical indices of diabetic control (for example blood pressure and HbA_{1c}) are currently being analysed. Health care professionals attitudes towards diabetes are being measured through the use of a specially developed questionnaire, and patient questionnaires have been used to assess both general health status and patients perceptions of living with diabetes. Analysis of data is currently ongoing and findings will be ready for presentation at the conference. A focus group sub study has also been conducted with eight groups of patients to explore patients views and perceptions of the service change. Preliminary findings suggest a predominantly favourable response, and has identified various aspects of care, such as provision of information, which are valued by patients. Fuller details will be presented at the conference.

Recommended reading:

- Scottish Executive (2001) Scottish Diabetes Framework. Scottish Executive, Edinburgh
- Zimmet P, Alberti KGMM, Shaw J (2001) Global and Societal Implications of the Diabetes Epidemic. *Nature* 414:782-787
- NHS Executive Health Service Guidelines HSG (97) 45: Key Features of a Good Diabetes Service. October 1997

8.5.3 Knowledge, attitude and distress among Icelandic people with type 1 diabetes

Arun Sigurardottir, Assistant Professor, Faculty of Health Sciences, University of Akureyri, Iceland

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Abstract:

Knowledge is regarded as the foundation for management of self-care in diabetes. Self-care in diabetes is demanding and never ending and increase the distress of those living with the disease. Distress cannot only have a negative impact on self-care and quality of life of people with diabetes but also on their disease management and metabolic control. A research was conducted in Iceland in 2002 among 90 (89% response rate) insulin using persons with diabetes. One of the aims was to analyze knowledge, attitude and distress among Icelandic people with diabetes as that had not been done previously in Iceland. Three instruments, the Diabetes Knowledge Test (DKT), the Empowerment scale and the Problem Area of Diabetes (PAID) were translated to Icelandic and adjusted to Icelandic context. After the Icelandic Ethical Committee had given approval, the questionnaire was distributed to 101 persons, meeting the inclusion criteria. The results were that the participants were generally knowledgeable about diabetes and its treatment and were able to adjust to life with diabetes and distress was not a problem. However, the study identified aspects where too little knowledge was a barrier to self-care, such as ability to change behavior and setting goals with the treatment. Although distress did not disturb live with diabetes, some areas were perceived as distressing such as worrying about low blood sugar reactions and not having clear and concrete goals for your diabetes care. The results are combined with sociodemographic variables and the long term metabolic control index (the HbA_{1c} level) that was measured the same day as the participants answered the questionnaires. At last the results are evaluated and the instruments clinical usefulness is analyzed. There is a pressing need for practical instruments that can be used in diabetes services in Iceland, which as elsewhere are continuously hampered by lack of time and funding.

8.6.1 Engaging consumer groups in the PIN project

Elizabeth Smith, Research Associate, Nursing Research Unit, Kings College London, England. Co authors: Fiona Ross & Sheila Donovan

✉ Elizabeth.m.smith@kcl.ac.uk

Abstract:

Since the early 1990s government policy has sought to ensure that patients and the public are involved in all aspects of National Health Service research (NHSE 1998). There is also growing evidence to suggest that involving service users as partners in research projects, as opposed to purely being the subjects of research, can have benefits for the research process (Boote et al 2002) and for those involved (Beresford 2003). Less attention has been paid to the conceptual and methodological issues of involving service users in systematic reviews. In this paper we draw on experiences of recruiting 23 national consumer organisations and carer advocacy groups to a Service User Reference Group for a review of Patient and public Involvement in Nursing, midwifery and health visiting research

(the PIN project). The 12-month project was commissioned by the NHS Service Delivery and Organisation research programme and began in April 2004 with the overall aim of 'reviewing the existing evidence, and informing the development of patient and public involvement in nursing, midwifery and health visiting research'. Here we focus on the rationale for involving consumer groups in the review and some of the practical issues encountered in the early stages of engagement. We will highlight questions of organisational representation and diversity, the ethics of consent within partnerships, learning about organisational communication networks, the creation of a milieu for partnership, and payment issues. This is an important topic area for research to address, as it might be one way for research to connect with specific consumer/service user concerns, issues and perspectives. It may also enable service users to influence research outcomes by contributing to developing priorities and principles and to provide advice about the best ways to disseminate findings through different networks.

Recommended reading:

- NHSE (1998) In the public interest: developing a strategy for public participation in the NHS. Wetherby: Department of Health.
- Beresford P. (2003) User involvement in research: Exploring the challenges. *Nursing Times Research*, 8 (1): 36-46.
- Boote J., Telford R. and Cooper C. (2002) Consumer involvement in health research: a review and research agenda. *Health Policy*, 61: 213-236.

8.6.2 Negative evaluations of care: their importance, their expression and their collection

Carol Edwards, Research Fellow, Royal College of Nursing Institute, Oxford, England. Co author: Sophie Staniszewska

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Abstract:

Investigating high recorded levels of patient satisfaction, Williams et al (1998) found that patients who seemed highly satisfied according to their questionnaire responses, often recorded lower levels of satisfaction when given the opportunity to describe their experiences during an interview. Williams et al's participants were users of community mental health services. With participants from the two very different clinical areas of coronary care, and elective orthopaedic surgery, we explored this phenomenon within two follow-up studies. We found a range of factors that inhibited the ready expression of negative comment by patients. We also found that, while much positive comment was expressed briefly, negative comment tended to be expressed with supporting rationale and context. Negative feedback from healthcare users provides valuable critique that can then guide locally relevant quality improvement.

The findings from these three studies suggest that a new method of inquiry into patient evaluation of healthcare is needed that:

- 1) addresses the factors inhibiting the recording of negative comment
- 2) facilitates the expression of the rationale and context that appear to cushion the voicing of negative feedback, and
- 3) is practical within an everyday healthcare environment

Our current project addresses these challenges. It has involved users at each stage, and a new method of inquiry is currently being piloted. This presentation will: • outline the factors found to inhibit the expression of negative comment • describe the different ways in which positive and negative comment was expressed • describe how healthcare users are being fully involved in the development of the new method of inquiry • explain how this method specifically counteracts the factors that tend to inhibit healthcare users in publicly recording their more negative feedback • describe how the new method routinely incorporates patient preferences, priorities, and rationale

Recommended reading:

- Investigation of the ways in which patients' reports of their satisfaction with healthcare are constructed. *Sociology of Health and Illness*, 26(2):159-183.
- Williams B, Coyle J, and Healy D (1998) The meaning of patient satisfaction: an exploration of high reported levels., *Social Science and Medicine*, 47 (9), 1351-1359.
- Patients' evaluations of their health care: the expression of negative evaluation and the role of adaptive strategies Patient Education and Counseling (in press for October 2004).

8.6.3 Evaluating the involvement of patients in teaching about blood borne viruses

May McCreaddie, Senior Lecturer (Research), School of Nursing, University of Paisley, Paisley, Scotland

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Abstract:

Involving patient in the teaching of healthcare staff is not a new concept. There are however, limited reports about patients being involved in teaching and virtually no research on the usefulness of their involvement (Stacy and Spencer 1999, Cooper and Mira 1998). The area of bloodborne viruses in nurse education is contentious in that its association with intravenous drug use and unprotected sex can engender long-held attitudes and beliefs. This paper reports on a study evaluating the involvement of patients in teaching about bloodborne viruses. A quantitative descriptive survey approach will be undertaken incorporating postal questionnaires. Purposive sampling will be undertaken with third year student nurses in semester 1 [n=120]. A questionnaire derived from the literature and incorporating likert-type scales will be devised and administered at 2 weeks pre-teaching session and 8 – 12 weeks post session. Content validity on the questionnaire will be provided with reference to two external experts. The teaching session/intervention will involve a 50/50 split of theory input by a lecturer and patient teaching involving 3 patients experienced in delivering such sessions. A qualitative element will be added via the use of focus groups. Random sampling will be undertaken to provide participants for 2 focus groups [n = 24]. The 3 patients delivering the patient input will also be invited to participate in a semi-structured interview [n=3]. Both focus groups and semi-structured interviews will be taped and transcribed. Data from the questionnaires will be entered into a specially devised Microsoft Access Database and analysed utilising relevant non-parametric tests as advised by statistical support. Content analysis will be undertaken with the focus group and semi-structured interviews transcripts. Inter-

viewer reliability will be provided by two independent colleagues. All questionnaires will be anonymised and data will be reported utilising designated numbers only [identifiers]. Participation is entirely voluntary. The School Research Ethics committee have approved the study which will commence in October 2004.

Recommended reading:

- Cooper C, Mira M (1998) Who should assess medical students' communication skills: their academic teachers or their patients? *Medical Education*. 32 (4) pp 419 - 421
- Stacy R, Spencer J., (1999) Patients as teachers: a qualitative study of patients' views on their role in a community based undergraduate project. *Medical Education* 33 (9) pp 688 - 694

8.7.1 Understanding wound care in Ireland

Zena Moore, Lecturer, Faculty of Nursing & Midwifery, Royal College of Surgeons, Dublin, Ireland. Co author: Seamus Cowman

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Abstract:

In Ireland, no national strategy on wound management exists (Moore & Pitman, 2000). Indeed, little is known regarding the nature of wounds managed or expenditure on wound care. Worldwide expenditure on wound care is considerable and a lack of standardised approaches compounds this cost and contributes to increased morbidity and mortality of patients (Harding & Boyce, 1998). In order to deliver effective wound care services in Ireland, knowledge must be gained of the extent and specific nature of wound related problems. Following this, strategies need to be developed in order to effectively manage and improve outcomes in wound care (Gotttrup et al, 2001). The aims of this study were to identify the nature of wounds managed, to establish who is providing wound care advice, to establish if there are policies/guidelines available and to examine costing issues. Data were collected; using a pre-piloted questionnaire, from a purposive sample of Directors of Nursing/Public Health Nursing in all community care areas and hospitals, with a capacity of greater than 40 beds (n=121). Ethical principles were adhered to and data analysis was carried out using SPSS version 11. A response rate of 96% was realised. Leg ulcers, diabetic foot ulcers and pressure ulcers were the most commonly encountered wound types. Advice on wound management was primarily sought from the nursing staff, however; 43% also used a company representative as a source of advice. 46% had no pressure ulcer policy, despite 95% identifying their involvement in the management of pressure ulcers. 60% did not know how much was spent on wound management or prevention, despite nursing being identified as the main decision makers regarding wound management. This study provides a unique insight into the provision of wound care in Ireland and will contribute to the development of best practice guidelines in this area of practice.

Recommended reading:

- Gotttrup F., Holstein P., Jorgensen B., Lohman M., Karlsmark T. (2001). A new concept of a multi-disciplinary wound healing centre and national expert function of wound healing. *Archives of Surgery*. 136, 765-772
- Moore Z., Pitman S. (2000). Towards establishing a pressure ulcer prevention and management

policy in an acute hospital setting. *The All Ireland Journal of Nursing and Midwifery*. 1, 1, 7-11.

- Harding K.G., Boyce D. E., (1998). Wounds: The Extent of the Burden, in: *Wounds Biology and Management*. Pp1-4. Oxford University Press, Oxford

8.7.2 Patients' experiences of pressure ulcers in hospital

Claire Wedge, Research Nurse, Health & Community Care Research Unit, University of Liverpool, Liverpool, England

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Abstract:

Introduction A pressure ulcer is an area of localised damage to the skin and underlying tissue caused by pressure, shear, friction and or a combination of these (EPUAP, 2004). Pressure ulcers occur in as many as 4-10% of patients admitted to a UK district hospital (Littlejohns, 2003). It is widely reported that once formed pressure ulcers reduce quality of life, although few studies have attempted to investigate this phenomenon from the individuals' perspective in hospital (Clark, 2002). The aim of this research is to explore the experiences of individuals in hospital with existing pressure ulceration. Methods A purposive sampling matrix was constructed following an extensive literature review using four key criteria: age, gender, grade of pressure ulcer and whether acute or chronic. In-depth tape-recorded interviews were conducted with patients in hospital using a developed topic guide; transcripts are being analysed thematically according to the principles of Grounded Theory. Results A total of seventeen interviews have been conducted with patients following verbal and written consent, 9 males and 8 females, median age 70 years, age range 29-90. Analysis is still being conducted, however, emergent issues include: - Pain - Constant presence - First memories of the developing pressure ulcer - Beliefs regarding causation and healing - Responsibility - Ownership of the pressure ulcer - Loss of independence - Treatment and prevention - Visualisation of the wound - Coping mechanisms - The need for knowledge - Impact of pressure ulcers poorly acknowledged by staff. Conclusions Pressure ulcers have a devastating effect of patients in hospital, a fact frequently perceived to be unacknowledged by health-care professionals. All hospitalised patients should be involved in the development of individualised holistic education programmes regarding pressure ulcer prevention, treatment and management.

Recommended reading:

- European Pressure Ulcer Advisory Panel. (2004) Pressure Ulcer Treatment Guidelines; www.epuap.org/
- Clark M. (2002) Pressure ulcers and quality of life, *Nursing Standard*; 16(22):74-78,80.
- Littlejohns P. (2003) October Press Release; N.I.C.E: London

8.7.3 Research utilization: Assessing the influence of organizational culture

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Abstract:

Research is a robust form of evidence to support practice yet it is known that research utilization in nursing does not follow a linear and logical model. Nor can we assume that dissemination or indeed possession of the knowledge itself will lead to utilization. Early research focusing on the individual practitioner as an independent user of research has not been productive (Estabrooks et al 2003). Whilst there has been a strong emphasis on structural change in the health services there has only recently been more of a concern with cultural change. This paper argues for organisational culture as a significant factor in the development of research utilization and further analyses some of the methodologies used to research organisational culture in the health services. The organisation, including its structures systems and cultures, impacts upon the way in which nurses function and in turn, this has implications for the outcomes of both patients and nurses. Studies suggest that aspects of organisational culture are key to successful research utilization and that hospitals with higher levels of research utilization have the key characteristics of a 'learning organisation' (Rodgers 2001, Estabrooks 2003). It is argued that elements of organisational culture that may be important to study are the characteristics of a double loop learning organisation, leadership, strategy and structure. Existing measures of culture are appraised such the competing values framework, the Nursing Unit Cultural Assessment Tool (NUCAT-2) and the Revised Nursing Work Index. These are contrasted with qualitative approaches using mostly case study methods to assess organisational culture in health care settings.

Recommended reading:

- Estabrooks C (2003) Translating research into practice: implications for organizations and administrators Canadian Journal of Nursing Research 35(3) 53-68
- Rodgers SE (2001) Research utilization by nurses in general medical and surgical wards PhD Thesis University of Edinburgh
- Estabrooks CA, Floyd JA, Scott-Findlay S, O'Leary KA, Gushta M. (2003) Individual Determinants of Research Utilization: a systematic review Journal of Advanced Nursing 43(5)506-520

8.8.1 A controlled study evaluating inter-professional learning in child disability

Brenda Clarke, Senior Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, England.
Co authors: Nicola Eaton, Pat Young, K Street, A Emond and M Ellis

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Abstract:

The government document 'Medical Schools: Delivering the Doctors of the Future' (2004) recommends that from the start of their training doctors and all other health professionals need to: develop early skills in communication with patients, carers and other staff to be able to learn and work

flexibly in multiprofessional teams. The presentation will describe an innovative programme of interprofessional education with 2nd year children's nursing students and medical students undertaking their child health module. The two week course focussed on a child disability case study and involved pairs of students visiting a child at school and at home and presenting the findings. Six groups of 12 nursing students (72) and 16 medical students (96) were involved in the study. This programme was evaluated using attitude questionnaires, focus groups, a presentation schedule and parents telephone interviews. The findings to date indicate that this approach offers a feasible opportunity for interprofessional learning. However whilst all students indicated that they wished to learn interprofessionally, attitude scores post the programme to date have demonstrated a slight trend towards a more positive attitude change amongst the children's nursing students than amongst the medical students. This presentation will discuss in detail the methods, results and conclusions of the programme.

Recommended reading:

- Department of Health (200) A Health Service for all the talents: developing the NHS workforce. London, Department of Health
- The Department of Health (2004) Medical Schools: Delivering the Doctors of the Future. London, The Stationery Office
- The Department of Health (2000) The NHS Plan. London, The Stationery Office

8.8.2 The importance of practical nursing skills and factors influencing skill acquisition: Perspectives of the senior student nurse

Siobhan Murphy, College Lecturer, School of Nursing & Midwifery, University College Cork, Cork, Ireland

✉ siobhan.murphy@ucc.ie

Abstract:

The aim of this study was to examine and describe the importance of practical nursing skills and factors influencing skill acquisition from the perspective of senior student nurses. The objectives of the study were to ascertain and describe the importance of practical nursing skills to faculty, qualified nurses and patients as perceived by senior student nurses. To determine and describe factors influencing skill acquisition from the behavioural, personal cognitive and environmental dimension of triadic reciprocity from the perspective of senior student nurses. A quantitative descriptive study was designed. The theoretical framework emanated from the literature and is based on an adaptation of Bandura (1977) theory of social learning. The three dimensions of the theory of triadic reciprocity, namely behaviour, personal cognitive and environmental factors, were applied to critically review indicators emanating from the literature regarding the importance of practical nursing skills and factors to influence acquisition of practical nursing skills. The researcher designed a new instrument titled the Practical Nursing Skill Questionnaire (PNSQ) representing a 20 item self-administered questionnaire, which served to collect data. Face and content validity was sought and the instrument demonstrated degrees of reliability using Cronbachs alpha. The PNSQ was peer reviewed, pre-tested and a pilot study was conducted prior to the main study. In the main study, a convenience sample (n=76) senior student nurses were issued a

questionnaire package. A postal response yielded a response rate of 51% (n = 39). The data generated was analysed using Statistical Package for Social Sciences (SPSS) Version 10.0.5 for Windows. Various techniques were used in the analysis of the data ranging from simple descriptive statistics to reliability analysis. The main findings were that student nurses perceive the physical aspects of care more important than psychosocial aspects. Qualified nurses were discovered to exert powerful influence on students' perceptions. Student nurses find conceptually based definitions of nursing difficult to comprehend and expressed preference for a practice based definition of practical nursing skills. The implications of the study findings for nursing were considered to include recommendations for education, practice and further research.

Recommended reading:

- Bandura, A. (1977). Self-efficacy: towards a unifying theory of behaviour change. Psychological Review, 84, 191 – 215.
- Pfeil, M. (2001). Re-introducing skills teaching to nurse education: an action research project. Nurse Education Today 21, 616 – 623.
- Boxer, E. and Kluge, B. (2000). Essential clinical skills for beginning registered nurses. Nurse Education Today, 20, 327 – 335.

8.8.3. Developing key skill using problem-based learning. What the papers say - what the students report

Moirá McLoughlin, Senior Lecturer, School of Nursing, University of Salford, Salford, England. Co author: Angela Darvill

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Abstract:

Problem-based learning (PBL) is a way of teaching and learning often promoted as enabling students to achieve key skills. These are recognised in literature as the ability to demonstrate self-reliance and self-direction in learning, to problem solve and think critically, to recognise the knowledge and contribution of group members in the learning process and to work and learn (function) within a team. (UKCC 1999, ENB 2000, Glen & Wilkie 2000, Rideout 2001, Savin-Baden & Wilkie 2000). A decision was made to use PBL as the major teaching and learning strategy for a new curriculum in an undergraduate nursing diploma. This paper will report some of the findings from three pre-registration adult, child and mental health student cohorts of approximately 200 students using an evaluation questionnaire. The aim of the evaluation was not only to describe the student experience of PBL but also to explore whether key skill development was taking place. The evaluation was completed at the end of the course with each cohort, commencing with the first wave group September 2000 in July 2003 and comparing it with the more recent completers in July 2004. The outcomes illuminate the changing student experience over three years and have been used to improve the PBL component of the curriculum for subsequent students.

Recommended reading:

- United Kingdom Central Council for Nursing, Midwifery and Health Visiting. (1999). Fitness for Practice. London: UKCC.
- Glen, S & Wilkie, K (Eds). (2000). Problem-based learning a new model for a new context. London: Macmillan.

- ENB. (2000). Education in focus, HYPERLINK <http://www.enb.org.uk/eif-ebl.htm>

8.9.1 Evaluating a palliative care education programme for district and community nurses

Philippa Hughes, Research Associate, Trent Palliative Care Centre, University of Sheffield, Sheffield, England. Co authors: Chris Parker, Sheila Payne, Christine Ingleton and Bill Noble

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Abstract:

The Department of Health, UK, funded new education programmes in palliative care for community nurses from 2001 to 2004. We evaluated the North Trent Cancer Network programme, whose objectives included assessing educational needs, improving knowledge of palliative care, and increasing confidence in practice. Authors have identified the need for palliative care education for nurses (Redman et al. 1995), reporting varied delivery approaches. Since barriers to accessing education include pressures of the work situation (Dowell 2002), the programme was designed to facilitate access, with four region-wide education days over one year, supplemented by education locally. Delivery was through presentations, seminars, group discussions and debate. One hundred and sixty-two qualified community nurses were recruited to the programme in two cohorts. 107 (66%) completed questionnaires including questions on educational needs, confidence in practice, and knowledge of palliative care, at both the start of the programme and on its completion. At baseline, the three most requested topics for education were chemotherapy care, pain and symptom control, and cancer care emergencies. Following the programme, desire for education reduced, reaching statistical significance in some areas. However, requests for education continued. Nurses' responses to questions on confidence in practice indicate an increase in confidence following the programme. 91 nurses (56%) completed the Palliative Care Quiz for Nursing (Ross et al. 1996). Median score out of 20 was 13 at baseline, rising to 15 following the programme ($p=0.001$), an increase comparable to that reported by others using this tool. The first cohort of 72 nurses were sent a further questionnaire one year after completing the programme. 37 (51%) replied. Responses indicated that advances in palliative care knowledge and confidence in practice were maintained. We conclude that the programme fulfilled its aims of raising standards of palliative care knowledge.

Recommended reading:

- Dowell L; (2002); Multiprofessional palliative care in a general hospital: education and training needs; *International Journal of Palliative Nursing* 8 (6): 294-303
- Ross M, McDonald B, McGuiness J; (1996); The Palliative Care Quiz for Nursing (PCQN): the development of an instrument to measure nurses' knowledge of palliative care; *Journal of Advanced Nursing* 23: 126-37
- Redman S, White K, Ryan E, Hennrikus D; (1995); Professional needs of palliative care nurses in New South Wales; *Palliative Medicine* 9: 36-44.

8.9.2 I know I am not going to get better: Palliative care needs of patients with a non-cancer diagnosis: exploring the issues

Dierdre Mullan, Chest Pain Nurse Specialist, Belfast City Hospital Trust, Belfast, Northern Ireland. Co authors: Julie Kapur & Donna Fitzsimons

✉ deirdre.mullan@bch.n-i.nhs.uk

Abstract:

Introduction: Cancer has traditionally been associated with a terminal outcome. However as medical advances improve, many patients with non-malignancy are reaching a terminal phase in their disease trajectory. Evidence suggests that the palliative care needs of such patients are inadequate (Ellershaw, 2001). Specialist nurses expressed concern over the lack of evidence and services available for such patients.

Aim: The aim was to explore the palliative care needs of patients with a non-cancer diagnosis.

Method: A qualitative case study approach was selected (Parahoo, 1997). A purposive sample of 18 patients with diagnosis of end-stage respiratory disease, heart failure or renal disease was selected. Separate in-depth interviews were conducted with the patient and a nominated carer, and a focus group was conducted with the clinical team of each patient. Data was analysed using Collaizzi's approach (1978). **Results:** Despite the variety of illnesses patients had similar palliative care needs. Nine key themes emerged to describe this phenomenon. These were deteriorating health, decreased dependence, social isolation, family burden, personal resources, acceptance, depression, access to community services and future concerns. Each theme will be described in detail and links between themes will be developed.

Conclusion: The results confirm that current healthcare packages are inadequate for this population. Commonalities between the chronic illness groups were identified and patient's concerns were shared by their carers, who often felt unsupported in their role. Clinical teams were aware of the limitations in the service they provided. This research identifies a need for a new model of care to meet these patients' needs. Cognisance of this data may assist health professionals to meet the palliative care needs of these patients more appropriately.

Recommended reading:

- Collaizzi P (1978) *In Valle, R. Phenomenological Alternatives*. New York, Oxford University Press.
- Parahoo K (1997) *Nursing research: Principles, process and methods*. London, Chapman and Hall.
- Ellershaw J and Ward C (2002) Care of the dying patient. *BMJ* 326, 30-34.

8.9.3 An evaluation of the service provided by a community Macmillan nursing team to patients, general practitioners and district nursing sisters

Aileen Mulligan, Macmillan Clinical Nurse Specialist, Community Macmillan Nursing Service, Craigavon & Banbridge Community Trust, Lurgan, Ireland. Co author: Bob Brown

✉ aileen.mulligan@btpopenworld.com

Abstract:

Background: The NHS Cancer Plan (Department of Health, 2000) and The Nursing Contribution to Cancer Care (Department of Health, 2002) stressed the need for more specialist nurses within the field of palliative care. The role of the Macmillan nurse has proved particularly difficult to evaluate. Much of the evidence that exists to demonstrate the benefits of these posts is anecdotal (Hill, 2001).

Aim: To evaluate the service provided by a community Macmillan specialist nursing team to patients, general practitioners, and district nursing sisters, with the aim of improving the quality of the service.

Methods: The study design was evaluative and employed a range of qualitative and quantitative approaches. Patients, following purposive selection, were interviewed using a semi-structured interview schedule, general practitioners' views were obtained via questionnaire, and district nursing sisters undertook focus group interviews.

Results: All eighteen patients interviewed valued the support and information given to them by their Macmillan nurse; however a clear picture of public misconception of the Macmillan nurse's role has emerged. The majority of the fifty-five general practitioners that took part in the study viewed the Macmillan nurse as important in achieving good symptom control but highlighted the need for the Macmillan nurse to be more closely aligned with the primary healthcare team. All twenty-two district nursing sisters valued the support given to them, and felt they benefited from the expert knowledge on drugs and symptom control imparted to them by the Macmillan nurse.

Conclusion: Issues for service improvement were identified and an action plan agreed for implementation. Similarly good practice was recognised and knowledge sharing encouraged. With the resulting improvements in the service, it is hoped that more patients will be facilitated to die at home through better disease and symptom management and improved patient and family/carer support. Recommendations for future research will be offered.

Recommended reading:

- Department of Health (2000) *The NHS cancer plan*. London: DOH.
- Hill, A. (2001) Community palliative care: the evolving role of macmillan nurses. *Nursing Times*, 97(12), 38-39.
- Department of Health (2002) *The nursing contribution to cancer care*. London: DOH.

Concurrent session 9

9.1.1 Do intravenous fluid bags need to be routinely replaced to prevent infection?

Claire Rickard, Lecturer, School of Rural Health, Monash University, Moe VIC, Australia. Co authors: Boun Vannaprasedeuth, Matthew McGrail, Lorraine Keene & Sam Rambaldo

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Abstract:

Background: Health Care Acquired Infection (HCAI) occurs in 6-12% of hospital inpatients causing increased suffering, risk of death and health costs [1]. Many HCAIs occur in intravenous catheters and nurses have an important role in the prevention of catheter infection. A historically-based preventative strategy is the replacement of intravenous infusion systems at routine intervals. Research suggests tubing and burettes may be used for ≥ 7 days, however, the effect of fluid bag usage duration is unknown, and daily replacement continues in many hospitals. [2] The CDC Guidelines advise that recommendations for length of use cannot be given due to lack of evidence.[3]

Aims:

1. To determine microbial colonisation rates in intravenous fluid bags after ≥ 24 hours use
2. To assess the presence or absence of a time-dependant relationship to colonisation
3. To develop recommendations for the duration of intravenous fluid bag use

Design: Controlled cohort study Setting: 450-bed regional referral hospital.

Methods: After ethical approval, samples were collected aseptically from fluid bags that had been in use for ≥ 24 hours ($n=250$). The bag hang time was recorded. A comparison group was enrolled ($n=250$) consisting of never-opened fluid bags obtained directly from the manufacturer, to control for the potential effect of sampling contamination. Fluids included 0.9% saline, 5% dextrose and Hartmann's solution. Samples were cultured for 48 hours on blood. Microbiological colony counts and speciation were recorded. Colonisation proportions were compared between groups, with multivariate modeling used to assess the effect of time and other risk factors.

Results: As at 09/09/04 a sample size of 410 has been obtained, with recruitment to be completed by ~30/10/04. The study will be finished with ample time to prepare for the conference. The results will provide evidence as to whether routine fluid bag replacement is effective. This has implications for infection control, nursing time, equipment costs and environmental waste. The results will have significance to the nursing profession who care for ~500 million intravenous catheters annually.

Conclusions To be discussed at presentation.

Recommended reading:

- 1. Plowman R. The socioeconomic burden of hospital acquired infection. *Eurosurveillance* 2000; 5:49-50.
- 1. Plowman R. The socioeconomic burden of hospital acquired infection. *Eurosurveillance* 2000; 5:49-50.
- 2. Rickard CM, Lipman J, Courtney M, Siversen R, and Daley P. Routine changing of intravenous administration sets does not reduce colonization

or infection in central venous catheters. *Infect Control Hosp Epidemiol* 2004; 25:650-655.

9.1.2 Nursing patients with chronic pain: Education and practice

Susan Shaw, Principal Lecturer, Academic Staff Developer, Centre for Educational & Professional Development, Auckland University of Technology, Auckland, New Zealand

Abstract:

Chronic health issues are increasing in prevalence. Chronic pain is one of the most common causes of chronic illness and disability, and a leading reason for patients to interact with nurses (Davis & Magilvy, 2000). However, despite a considerable increase in knowledge about pain management in recent years, the treatment that these patients receive has not significantly improved (Clarke et al., 1996). Previous studies have explored the prevalence of misconceptions about people with chronic pain (McCaffery & Pasero, 1999) amongst nurses. This unique study was designed to explore the prevalence of these misconceptions amongst student nurses and the development of them during three years of undergraduate nursing education. A questionnaire was specially developed, trialled and validated to collect quantitative and qualitative data from a substantial cross-sectional sample ($n=442$) of students and educators involved in nursing education in New Zealand. The results of the study provided evidence that student nurses held these previously identified misconceptions to a considerable extent throughout their undergraduate education and at the time of graduation. Following further analysis some additional misconceptions were identified. These appear to be related to the social and political environments which prevail in many Western societies and impact on the education and practice of health professionals. This paper aims to promote and develop knowledge about nursing practice by sharing the findings of this study and the recommendations for nursing education which emerged from the analysis. It contends that people experiencing chronic pain have not benefited from developing knowledge because the responses of health professionals towards them have not been explored in relation to the social and political contexts of patients and practitioners, or the process of undergraduate education. This paper also contributes to general debate about chronic illness and disability experiences and the resulting impact on the practice of health professionals.

Recommended reading:

- Clarke, E. B., French, B., Bilodeau, M., Capasso, V. C., Edwards, A., & Empoliti, J. (1996). Pain management knowledge, attitudes and clinical practice: The impact of nurses' characteristics and education. *Journal of Pain and Symptom Management*, 11, 18-31
- McCaffery, M., & Pasero, C. (1999). *Pain: Clinical manual* (2nd ed.). St. Louis, MO: Mosby.
- Davis, R., & Magilvy, J. K. (2000). Quiet pride: The experience of chronic illness by rural older adults. *Journal of Nursing Scholarship*, 32, 385-390.

9.1.3 Legitimate family violence: Using a semiotic framework to contribute to our understanding and practice

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Abstract:

Background: This paper reports on one aspect of a larger study that aims firstly to explore and explain why the use of smacking by parents to discipline their children is legitimate in contemporary UK society. A second aim is to examine health care professionals' beliefs, attitudes and practice regarding this use of smacking. Within this study smacking is considered as a social phenomenon rather than an activity to be favoured or to be opposed. The purpose of this presentation then is not to state a case for or against the use of smacking, but to seek to answer the question, "Why now"? Although a number of government proposals that aimed to ban the use of smacking have been presented in the parliaments of Westminster and Edinburgh current legislation allows parents to use this form of chastisement as long as it does not result in physical injury to the child.

Method: In seeking to explore this use of smacking comprehensively through social inquiry, a number of dimensions can be examined. These may include a cultural and historical perspective and a study of current beliefs and practice in our society. A semiotic framework was used to analyse the views of broadsheet and tabloid editors and reporters as well as public contributions to these newspapers over the last ten years.

Results: A semiotic framework may usefully allow exploration to go behind the label 'smacking' to the connotations and associations that are related to it. The social dimensions of the label are often complex and with contradictory meanings.

Conclusion: Media images can influence and reinforce social dimensions of the label. The beliefs and attitudes of health care professionals about smacking are influenced by such media representations.

Recommended reading:

- Taylor J., Redman S. (2004) The Smacking controversy: what advice should we be giving to parents? *Journal of Advanced Nursing*, 46 (3) 311-318
- Hardin P. (2001) Theory and language: locating agency between free will and discursive marionettes. *Nursing Inquiry*, 8 (1), 11-18

9.2.1 Effectiveness of a Pedia HEART (Holistic Education against Rheumatic Threats) teaching programme on the status of RHD patients

Principal authors: Riza G. Lasconia, Sherilyn F. Lim, Ma. Felician T. Reyes and Michelle N. Tumbokon. Staff Nurses, Nursing Service Office, Philippine Heart Center, Quezon City, Philippines. Secondary authors: Zenaída C. Fojas, Eva Teodora T. Sison, Maria, Romina G. Aldea, Carmelita A. Naral and Dr. Maria Linda G. Buhat.

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Abstract:

Objectives: To determine the effect of a holistic health educational program on the health status of adolescent patients with Rheumatic Heart Disease.

Methods: Design. Randomized Controlled Trial Setting. Philippine Heart Center-Outpatient Department Sample. 70 qualified patients aged 12-19, diagnosed with RHD were randomly assigned to two groups. The study group (n=35) received two sessions of three-hour teaching program entitled, "Pedia HEART. The control group (n=35) received routine health teachings conducted at the OPD. Intervention. Pedia HEART is a comprehensive and creative teaching program which discussed the heart and circulatory system, RHD as a disease and compliance to medication for the first session. The second session was about self-management technique which discussed about prescribed diet, exercise and proper hygiene for RHD patients. The last part of the session was an open forum on how adolescents can cope with illness and manage stress. Dependent Variables and Measures. Health-related quality of life-physical, social and emotional health components of PedsQoL version 4.0, and general health perceptions (SF Health Survey); functional capacity - functional classification (Specific Activity Scale), Exercise capability (GMWT). Outcome Measures were assessed at baseline, one and two months. Data Analyses. Independent T-test was utilized to compare results between groups with consideration of equality of variances. Paired T-test was used to determine significant difference when baseline, 1st and 2nd month results were compared.

Results: Participants were mostly male (51.42%), mean age of 15.49 and mostly affected with mitral regurgitation (25%). Over time the study group had significantly improved HRQOL (78.97 / - 6.89), functional classification score (1.09 / - 0.28) and GMW distance (572.11 / - 100.04) than the control. Highly significant differences between groups were established after two months HRQOL (p=0.000), functional classification (p=0.000) and GMWT (p=0.030).

Conclusion: For patients with chronic conditions such as RHD, health status can improve significantly when they are trained in self-management techniques and empowered with education.

Recommended reading:

- Lorig, K. et al. 2001, 'Chronic Disease Self-Management Program: 2-year Health Status and Health Care Utilization Outcomes', *Medical Care*, vol. 39, no. 11, pp. 1217-1223
- Varni, J. et al. 2001, PedsQL 4.0: Reliability and Validity of the Pediatric Quality of Life Inventory Version 4.0 Generic Core Scales in Healthy and

Patient Populations; *Medical Care*, vol. 39, no. 8, pp. 800-812.

- ATS Statement: Guidelines for the Six-Minute Walk Test', 2002 *American Journal of Respiratory Critical Care medicine*, vol. 166, pp. 111 - 117.

9.2.2 Changing patterns of food consumption: Implications for health promotion

Shirley Solberg, Associate Professor (Nursing), School of Nursing, Memorial University of Newfoundland, St. John's, NF, Canada. Co author: Patricia Canning
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Abstract:

Food consumption patterns at the household level are dependent on a number of structural and individual factors such as availability of particular foods, income level, and individual and cultural food preferences. An awareness of the role that food plays in health and illness are additional factors. Rural communities undergoing economic and social restructuring may be especially vulnerable to food security issues. Food security issues can affect food consumption patterns, as these rural communities have reduced goods and services and experience high level of unemployment. Yet nurses are challenged to promote health within these rural communities. One means of promoting health is to work on food security issues. The purpose of this research which was part of a larger project on restructuring and health was to examine changing food consumption patterns over the past 30 years in a cluster of rural communities in Newfoundland and Labrador, Canada and some of the factors influencing these patterns. A survey conducted with these communities in 1973-1974 was repeated in 2004 with approximately 350 households. Although there has been a marked decrease in the amount of fats and salted foods consumed, there has not been a marked increase in fresh fruit consumption. Households are relying more on wild game such as moose for protein. Consumption of fast foods, i.e., fried chicken and pizza, has also increased. This study has implications for promoting healthy nutrition in communities where increasing overweight and obesity especially among children is a health problem. Some of these implications are at the household or population level and include education strategies around food and exercise. Others are at a broader level and will include community action at increasing the availability of affordable and nutritious food.

9.2.3 Adolescents perspectives of type 1 diabetes

Kathryn King, Senior Lecturer, School of Health, Natural & Social Sciences, University of Sunderland, Sunderland, England

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Abstract:

Insulin dependent diabetes mellitus (IDDM) is a chronic condition, the aetiology of which is incompletely understood. It is known however to be a genetically complex disease, in which both genetic and environmental factors are involved. A complex pattern of self care behaviour, which includes blood testing, adherence to a prescribed diet, daily injections of an appropriate dose of insulin, regular exercise and stringent foot care is

essential in order to lessen the risk of later diabetic Complications (Bain 1995, DCCT 1996). A review of the pertinent literature has revealed that the response to the chronic disease of diabetes mellitus is not simply determined by the nature of physiological symptoms or individual motivations, but rather is shaped by social, cultural and ideological concepts. The literature has also shown that the 'lived' experience of the diabetic adolescent has been largely overlooked. This has resulted in significant gaps in not only our understanding of the adolescents' management issues, but also the adolescents' experiences of IDDM. The aim of this qualitative study, which utilises a grounded theory approach, is to offer new knowledge in order to enhance health care provision for adolescents with insulin dependent diabetic mellitus. Twenty in-depth interviews with IDDM adolescents between the ages of 16-21, together with focus groups consisting of health care professionals allow for an "emic perspective, a holistic perspective and an inductive and interactive process of enquiry" (Morse 1992pp23). Grounded theory as an approach to analyse qualitative research, together with the results of the findings and recommendations for practice will be presented.

Recommended reading:

- Bain, S. C. (1995) *Practical Diabetes International*. The British Diabetes Association. Jan/Feb Vol12 No 1 pp11-13
- Morse, J. 1992 *Qualitative Health Research*. London. Sage
- DCCT 1996 *Jama*. 276 pp 1409-15

9.2.4 In the swim with PCP!

David Marshall, Student Nurse, School of Nursing & Midwifery, Queen's University Belfast, Northern Ireland. Co author: Jonathan Pollock

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Abstract:

Undertaking a placement in a nursing home for people with learning disabilities presented two pre registration nursing students with a challenge of 're igniting a flickering flame' in approaches to nursing care. The majority of staff had worked in the home for up to 10 years. The students sought to explore the attitudes of these staff, to the introduction of Person Centred Planning (PCP) alongside the resident's care plans. The use of a questionnaire and semi structured interviews in relation to the implementation of PCP's yielded an interesting and diverse set of findings. While the staff demonstrated a willingness and endorsement of such an approach, the concept was only truly embraced on reaching a successful outcome to one such plan put into practice with Mary. Mary was a very highly disturbed individual suffering from profound learning disability with an autistic spectrum disorder and epilepsy. Mary has no verbal communication but can communicate non-verbally in many different forms. She enjoys swimming. While the most important outcome of the intervention is that the plan has increased quality of life for Mary and her family, the 'rekindling of the flame' in relation to the enthusiasm and motivation to undertaking PCP for other residents within the home highlights an important finding that student nurses 'can make a difference' to actual care for those with whom they work in short term placements.

Recommended reading:

- What' and 'How': Undersanding Professional Involvement in Person Centred Planning Styles

and Approaches. Learning Disability Practice Vol. 7. No. 4. May.

- Duffy, S. Sanderson, H. (2004) Person Centred Planning and Care Management. Learning Disability Practice Vol. 7. No. 6. July.
- Thompson, J. Cobb, J. (2004) Person Centred Health Action Planning. Learning Disability Practice Vol. 7. No. 5. June.

9.3.1 Using a health impact assessment methodology to develop health visiting services

Marie Roberts-Davis, Community Lecturer, States of Guernsey Board of Health, Institute of Health Studies, St Andrew's, Guernsey, C.I. Co author: Mary Fant

✉ mroberts-davis@health.gov.gg

Abstract:

The aim of this project, which received the Queen's Nursing Institute 2004 Maureen Acland Research and Development Award, was to evaluate recent and inform proposed future changes to health visiting services in Guernsey. Having practiced over the years, in a 'traditional' way, health visitors and their managers needed to determine if the implementation of changes already made to service delivery to enable them to work in a more public health manner and adoption of health visiting role changes being encouraged within the NHS were appropriate to the local context. The paper focuses on the employment of a concurrent Health Impact Assessment methodology - a six-stage process involving screening, scoping, appraisal or assessment, developing recommendations, further engagement with decision-makers and ongoing monitoring and evaluation. As this process is normally used for non-health developments with health impact potential, its use to evaluate and inform health policy is innovative. A Stakeholder Group, comprising health and social care professionals and clients oversaw the project. Data collection included: Community profiling using a desk top-based rapid appraisal Taped semi-structured interviews of nursing, midwifery, health visiting, medical practitioner, service manager and social work stakeholders Questionnaires to General Practitioners and Practice Nurses Taped Client Focus Groups Quantitative and qualitative data were produced. Analysis gave rise to many findings pertinent to the structure and quality of current and future services. A key finding was that clients and health and social care professionals supported a more public health focussed role for health visitors but only within the defined group of families with children. The Stakeholder Group reviewed the findings and made several recommendations about the future service, which were subsequently discussed at a consensus conference of managers and all staff within the service. This gave rise to action plans for service development in the areas identified.

Recommended reading:

- Department of Health (2001) Health visitor practice development resource pack. London. Department of Health
- Taylor L (2002) Introducing health impact assessment (HIA): Informing the decision-making process. London. Health Development Agency
- Parry J, Stevens A (2001) Prospective health impact assessment: pitfalls, problems and possible ways forward. British Medical Journal.

Vol. 323 (7322) p 1177 – 1182 [online] at <http://biomed.niss.ac.uk/ovidweb/ovidweb.cgi>

9.3.2 The role of health visitors in supporting parents of children referred for genetic investigation

Owen Barr, Senior Lecturer in Nursing, School of Nursing, University of Ulster, Co Londerry, Northern Ireland

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Abstract:

Concerns have been raised about the current level of genetics education for nurses, midwives and health visitors outside of specialist genetics services (Kirk et al., 2003; Metcalfe and Burton 2003). This project aimed to investigate health visitors' contribution to supporting parents of children referred for genetic investigation and to identify practical recommendations to enhance the support available to parents of children referred for genetic investigation. A survey of 194 health visitors within Northern Ireland was undertaken. A questionnaire was developed on the basis of interviews with 17 parents on their experience of their child undergoing genetic investigation and an examination of previous literature. This questionnaire gathered information on health visitors' contact with parents of children referred to genetic services, their contact with the Regional Clinical Genetics Services, their views of the relevance of genetics to their role, and their main learning needs in relation to genetics. An expert panel then reviewed the questionnaire (Polit and Beck, 2004). Once finalised it distributed by the researcher at health visitor team meetings in all 11 Trusts across Northern Ireland between October–December 2003. Completed questionnaires were returned directly to the researcher using a Freepost envelope. The findings reveal that the majority of health visitors meet people with genetic conditions, and consider genetics relevant to their role. However they have received limited education in this area, and the majority reported not contact with Regional Clinical Genetics Services together with limited confidence in supporting parents during the process of genetic investigation. Health visitors were unclear about their professional responsibilities in relation to supporting parents of children undergoing genetic investigation and prioritised their learning needs in relation to genetics knowledge and skills. This study identifies knowledge and policy barriers to health visitors providing effective support to parents and provides a clear indication of the priorities in future genetics education for these professionals.

Recommended reading:

- Kirk, M., McDonald, K., Anstey, S., Longley, M. (2003) Fit for Practice in the Genetics Era: a competence based education for nurses, midwives and health visitors. Cardiff: Genomics Policy Unit, University of Wales & Medical Genetics Service for Wales, Un
- Polit, D., Beck, C. (2004) Nursing Research. Principles and methods. 7th ed. New York: Lippincott, Williams & Wilkins.
- Metcalfe, A., Burton, H. (2003) Post registration genetics education provision for nurses, midwives and health visitors in the UK. Journal of Advanced Nursing 44(4): 350-359.

9.3.3 The impact of postpartum health visitor home visits and maternal factors on maternal wellbeing to 7 months postpartum

Janice Christie, Health Visitor, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Brenda Poulton & Brendan Bunting

✉ janice.christie@virgin.net

Abstract:

The aim of this presentation is to discuss factors that effect first-time mothers' wellbeing during the first 7 months postpartum. A first-time mother's successful parenting is associated with her own resources, child characteristics and relationship with spouse (Tarkka et al., 2000). Health visitors have a legitimate expertise in child and family physical, emotional and mental wellbeing with much client contact initiated through home visitation. Systematic reviews, (Bull et al., 2004; Elkan et al., 2000) mostly based on US home visitation studies; have indicated that a high frequency of home visitation, often initiated during the antenatal period, continuing for 2-5 years and targeted at high risk groups, can have a variety of positive outcomes on family health and social wellbeing. However, the effect of home visiting on families in general, and relative strength of maternal, family or home visitation factors on maternal wellbeing is unknown. Data gathered from a cluster randomised control trial and cohort study will be presented. The sample consisted of 84 health visitors and 394 first-time mothers who agreed to participate during the 7 months of study recruitment. Information was gathered using repeated measures at 2 weeks, 8 weeks and 7 months post-partum from both nurses and clients. The response rate was approximately 95% at time point 2 and 90% at time point 3. Multi-level/growth curve analysis was performed in order to determine: variation in mothers' outcomes over time, differences between mothers' responses and the effect of health visiting care. Analysis showed that, in general, individual health visitors had similar care effects upon mother outcomes. Most variation in mothers' outcomes measures were attributable to maternal contexts and personal characteristics. The nature of factors found to affect maternal outcomes are described and the implications of the results for health visitor care, management and education are presented.

Recommended reading:

- Bull, J., McCormick, G., Swann, C., & Mulvihill, C. (2004). Ante- and post-natal home-visiting programmes: a review of reviews: Health Development Agency.
- Tarkka, M., Paunonen, M., & Laippala, P. (2000). First-time mothers and child care when the child is 8 months old. Journal of Advanced Nursing, 31(1), 20-26.
- Elkan, R., Kendrick, D., Hewitt, M., Robinson, J., Tolley, K., Blair, M., et al. (2000). The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature, (Vol. 14): Health Tec

9.3.4 Examining goal setting with health visitors and their clients

Alison Bryans, Senior Research Fellow, Caledonian Nursing & Midwifery Research Centre, Glasgow Caledonian University, Glasgow, Scotland. Co authors: Jean McIntosh, Michael Ross, Linda Wallis & Alice Mitchell

✉ A.Bryans@gcal.ac.uk

Abstract:

Background Current evidence suggests that health visitors are most successful when they work in a highly client-centred, context-specific way (Elkan et al 2000a, Bryans 2003). However, client and context-specific variations in practice render evaluation of their interventions particularly challenging. The study that informs this paper focused on interventions by health visitors working in a targeted health visiting project in Central Scotland (Bryans and McIntosh 2004). The Starting Well Demonstration Project incorporates a structured intervention using a Family Health Plan and goal setting by health visitors. This paper outlines the study methods and describes findings about health visitors' goal setting practice and practitioner and client perceptions of this new approach to practice. Aim and methods The study aimed to examine and develop goal setting practice using a collaborative approach. The multi-method, qualitative approach included observation and audio-recording of home visits, post-visit, focused interviews with clients and health visitors, and interviews with managers and trainers. Health visitor workshops, held once the various data were analysed, formed an important element of the research approach. These workshops extended the range of the study and helped establish the validity and relevance of the study findings for the Demonstration Project and for health visiting practice. Study findings Findings presented in this paper relate to the nature and range of goal setting, health visitors' perceptions and clients' views about the use of goal setting, and goal-setting strategies and approaches. There was evidence of a range of goal-setting activities focused on child health and maternal health. Some goals set were in highly complex, sensitive and challenging areas of client need. Strategies and approaches used by practitioners were varied and were 'tailored' to suit client and context. While viewed as a useful tool, there was clear consensus that goal-setting is not always appropriate. These findings make a contribution to the development of health visiting knowledge and practice.

Recommended reading:

- Elkan R, Kendrick D, Hewitt M, Robinson JJA, Tolley K, Blair M, Dewey M, Williams D, Brummell K (2000a) The effectiveness of domiciliary health visiting: a systematic review of international studies and a selective review of the British literature. *Health*
- 3. Bryans A and McIntosh J (2004) Goal Setting within the framework of the Family Health Plan: exploring Health Visiting practice in the Starting Well Demonstration Project Caledonian Nursing and Midwifery Research Centre, Glasgow Caledonian University IN
- 2. Bryans A (2003) At Home with Clients: a study of Health Visiting Expertise during Home Visits. Caledonian University Nursing and Midwifery Research Centre/ Queen's Nursing Institute Scotland, Glasgow Caledonian University, Glasgow

9.4.1 Ethical issues encountered in a research study of the palliative care needs of patients with a non-cancer diagnosis

Bridie Conway, Palliative Care Nurse, Oncology Directorate, Belfast City Hospital Trust, Belfast, Northern Ireland. Co authors: Deidre Mullan & Donna Fitzsimons

Abstract:

Introduction: Nurses conducting research in palliative care frequently encounter ethically challenging situations due to the vulnerability of participants and sensitivity of the subject matter. These issues must be carefully analysed if the decisions taken are to be in the best interests of participants, researchers and society.

Aim: The purpose of this paper is to discuss the ethical conflicts and decisions undertaken in the course of a combined qualitative and quantitative study of the palliative care needs of patients with a non-cancer diagnosis.

Objectives: I. To discuss the ethical issues which were encountered in the course of this study. II. To increase nurse researchers' understanding of the professional conflict which may be incurred in such research.

Issues: In this paper we contend that the researcher's professional background influenced:

- The consent process – with all participants consenting to the study,
- The trusting relationship developed with participants
- The rich and sensitive nature of the data generated from interviews. This had repercussions because, despite having gained ethical approval for a non-interventional study, the researcher felt morally obliged to respond therapeutically to both practical and emotional difficulties described by participants during the course of interviews. We discuss the extent to which the ethical concepts of beneficence and non-maleficence applied to this study. We also explore the nurse-researcher role conflict inherent in the study and discuss strategies used to negotiate this.

Conclusions: Nurse researchers frequently embark on non-interventional research, where the expectation is that they will gain data without obvious benefit or harm to the participants. In this study we found that the professional background of the research had far-reaching impact on many aspects of the study and therefore required careful ethical consideration.

Recommended reading:

- Parahoo, K. (1997) *Nursing Research. Principles, Process and Issues*. Palgrave Macmillan; New York.

9.4.2 Qualitative and quantitative perspectives of fatigue in melanoma patients treated with biochemotherapy

Davina Porock, Professor of Nursing Practice, School of Nursing, University of Nottingham, England. Co authors: Brenda Beshears & Jackie Juenger

✉ Davina.Porock@nottingham.ac.uk

Abstract:

The purpose of this study was to test Winningham's Psychobiologic Entropy Hypothesis for fatigue in a sample of 25 melanoma patients treated with biochemotherapy in a Midwest Cancer Center in the USA. The relationship among emotional, physical and nutritional factors and fatigue were described and correlated in the quantitative component of the study using a variety of established measures of fatigue, symptoms, anxiety, depression and nutritional status. Patients' experiences of the treatment were explored in a qualitative study of 10 participants in relation to the same factors plus educational needs and preparation for treatment. Findings revealed a significant issue with depression and boredom. Findings about the patients' nutritional status and patterns of anorexia provide new information for the understanding of fatigue in this population particularly in relation to obesity and nutritional assessment. Discrepancies between the data collected from quantitative and qualitative methods in terms of reporting fatigue helped reveal problems in the measurement of fatigue and the need to find a valid and reliable method of measuring fatigue in line with Winningham's theory.

Recommended reading:

- Porock, D., Beshears, B., Hinton, P., Anderson, C. (accepted August 2004). "Emotional, functional and nutritional characteristics related to fatigue in patients during and after biochemotherapy". *Oncology Nursing Forum*
- Trahan Reiger P. (Ed.) (2001). *Biotherapy: A Comprehensive Overview* Jones and Bartlett, Sudbury, MA.
- Porock, D. and Juenger, J. (2004). "Just go with the flow" A qualitative study of fatigue in biotherapy patients". *European Journal of Cancer Care*, 13: 356-361.

9.4.3 A phenomenological study of the experience of loneliness among persons with life-limiting illness: Overcoming the design challenges

Robert Brown, Lecturer/Researcher & Practice Development Facilitator in Nursing, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Kader Parahoo & Kate Sullivan

✉ rj.brown@ulster.ac.uk

Abstract:

Object of the study: The purpose of this study has been to gain an understanding of the experience of loneliness among dying people. The study aims to provide important implications for practice, in particular the way we communicate with dying persons, and to promote future quantitative and qualitative research on this topic.

Method used and results: This paper will provide delegates with a critical overview of the methodological challenges experienced during my doctoral study on the phenomenon of loneliness among persons in their final year of life. The challenge for the researcher focuses on the construction of interpretations that will help to give meaning to the subjective and individual experience of dying people. This form of loneliness is an 'existential' phenomenon, highlighting the nature of existence and their particular meaning for each individual. Following ethical approval, data has been collected through the use of in-depth and repeated interviews with each of the 16 participants (8 males, 8 females, ranging in age from 43-80 years). Fourteen of the participants have cancer, one has chronic emphysema and one has AIDS. The importance of careful consideration of access, gate keeping, managing sensitive interview situations, researcher vulnerability and follow-up support will be discussed. Issues surrounding participant-researcher relationships are critical in end-of-life research. These require a careful consideration of research-therapeutic boundaries, how to make the most of supervision as well as the importance of maintaining process consent throughout. The challenges faced by the researcher while gaining the confidence of practitioners will also be highlighted.

Conclusion: This paper will provide assurance for delegates interested in undertaking palliative care research by focusing their thoughts on key methodological challenges. In doing so, the research process will have a greater chance of running more smoothly, ethically sound and with a resultant therapeutic benefit for those involved.

Recommended reading:

- Merleau-Ponty M (1962) *Phenomenology of Perception*, London, Routledge Classics
- Moustakas C (1994) *Phenomenological research methods*, Philadelphia, Sage Publications
- van Manen M (1997) *Researching Lived Experience*, State University of New York Press

9.4.4 Sudden death processing: An ethnographic study of emergency care

Patricia Scott, Visiting Lecturer, School of Nursing, University of Ulster, Co Antrim, Northern Ireland.

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Abstract:

This ethnographic study documented sudden death as a locatable phenomenon and contributed to the sociology of emergency care, building a substantive theory of an accident and emergency sudden death milieu. Data collection concerned three accident and emergency departments in the north of England using grounded theory, generating an ethnographic account of sudden deathwork performed by emergency nurses, traffic officers and paramedics. Status passage, a temporal dimension of deathwork, was of significance, and consideration was also given to body handling as 'dirty work'. Feminist concepts of embodiment challenged dominant discourses within the death processing industry related to beneficence and non-maleficence for those who are left behind to grieve. Theatrical representation of the body to relatives was discussed within a dramaturgical frame, questioning what is appropriate and achievable. Exploration of emergency personnel roles illuminated problems of dealing with a phenomenon, which annihilates 'sentimental order', emotionally incapacitating

emergency personnel. Data analysis was guided by the constant comparative method using NUDIST NVivo data analysis software. Data from focus groups, informant accounts and the interspersed researcher biography documented the processing of the once live, now dead, individual from a state of collapse to deposition in a hospital mortuary. Using thick description, three sudden death trajectories revealed sudden deathwork such as body handling, transporting, labelling and, documented emergency personnel contact with human suffering and emotional pain. Schutzian 'relevances' revealed role resignation, uncertainty, obstruction and, routinisation. Legitimation rhetoric documented issues related to youth, fame, personal analogy, 'good innings' and mode of death. Emotionality explored coping, emotional exhaustion, annoyance and, black humour. A dehumanisation process was revealed in the liminal space between life and death explaining emergency personnel disengagement. Spiritual relevances concerned relationship and embodiment of a professional and personal nature. Insight gained may provide a catalyst to inform change in service provision, enhancing inter-professional working relationships.

Recommended reading:

- Hallam, E. Hockey, J. and Howarth, G. (1999) *Beyond the body, death and social identity*, London, Routledge.
- Timmermans, S. (1999a) *Sudden death and the myth of CPR*, Philadelphia. Temple University Press.
- Quested, B. Rudge, T. (2003) *Nursing care of dead bodies: a discursive analysis of last offices*. *Journal of Advanced Nursing*, 41 (6) 553-560.

9.5.1 Quality assurance in the basic nurse education programme in Pakistan: Learning from students experience

Anwar Aziz, PhD student, Department of Health Studies, University of Bradford, Bradford, England. Co authors: Udy Archibong & Jeff Lucas

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Abstract:

The literature highlight the importance of the quality assurance system in education to ensure that agreed needs of the students are satisfied, their learning experiences is being assessed by identified activities/processes and procedures are in place that assure a continuous quality enhancement (Ellis, 1993). The quality assurance has serious implications for students. Alma (1993) argues that the education without assuring quality not only 'blighted the lives of students but damage the ability to compete and survive in the world'. The students' perspective on the quality and the quality assurance in the basic nurse education, Pakistan is drawn from a large-scale qualitative case study to explore in depth the PNC regular (retrospective) inspection process in relation to quality assurance. A sample of 40 final year students from the 8 sample schools of nursing participated in focus groups. Each group consisted of five students. The Principal of the respective school depending who was available and accessible for interview selected the students. The findings point to the need for having a continuous quality improvement (CQI) system in the country to ensure adequacy of students learning experience, such as mismatch between theory and practice, heavy work load on students and less time for study, high student / teacher ratio, insufficient and inap-

propriate teaching aids and facilities, unsupervised clinical placement, absence of learning experience in the community setting and non-supportive clinical environment. Besides all, there is non-existence of a system where students can be heard. This presentation will focus on the perceptions of the students and will discuss a proposed QA framework adapted from Oakland (2003) TQM model as a remedy to improve the current situation.

Recommended reading:

- Ellis Roger (1993) *Quality Assurance for University Teaching*, Open University Press
- John S. Oakland (2003) *TQM: Text with Cases*, ELSEVIER
- Craft Alma (1993) *International development in assuring quality in higher education*, The Falmer Press

9.5.2 Nurse practitioner standards: An Australia and New Zealand research collaboration

Glen Gardner, Professor of Clinical Nursing, School of Nursing, Queensland University of Technology, Brisbane, Australia. Co authors: Jenny Carryer & Anne Gardner

✉ ge.gardner@qut.edu.au

Abstract:

This paper will report the findings from research conducted in Australia and New Zealand to inform development of standards for nurse practitioner education and practice competencies. In New Zealand and Australia the nurse practitioner is a new and unique level of health-care provider. The shifting boundaries caused by health-care reform have created impetus and demand for development of new models of health-care, but have also created some uncertainty regarding nurse practitioner standards, education and models of care. The title, Nurse Practitioner, is now legislated in New Zealand and most jurisdictions in Australia but there is scant research to inform development of nurse practitioner standards. This research, sponsored by the Australian Nursing Council and the Nursing Council of New Zealand, was conducted to develop generic standards that could be applied for the education, authorisation and practice of nurse practitioners in both countries. The study involved collection and triangulation of data from a range of sources across Australia and New Zealand including: in-depth interviews with 15 nurse practitioners from different geographical and clinical contexts; curriculum survey of all nurse practitioner courses in the two countries and interview with convenors of these courses; collation of the authorisation/registration processes and policies from states and territories in Australia, New Zealand and internationally. These data were analysed within and across the data modalities to provide information on standards for nurse practitioner practice and education. Findings from the study included identification of the core role of the nurse practitioner as it is expressed in New Zealand and Australia and generic standards for nurse practitioner competencies, education and authorisation. These findings will standardise expectations, support mutual recognition of nurse practitioner authorisation across the two countries and make an important contribution to the current international debate on nurse practitioner standards and scope of practice.

Recommended reading:

- Brown, S. A. and Grimes D.E. (1995) *A meta-analysis of nurse practitioners and nurse*

midwives in primary care. *Nursing Research*, 44(6), 332-339.

- Read, S. et al (2001) Exploring new roles in practice (ENRip). Final report.
- Daly, W. and Carnwell R. (2003) Nursing roles and levels of practice: a framework for differentiating between elementary, specialist and advancing nursing practice. *Journal of Clinical Nursing*, 12(2), 158-167

9.5.3 An evaluation of approaches to assess nursing and midwifery performance

Karen Hamilton, Senior Research Fellow, Department of Nursing, University of Ulster, Coleraine, Northern Ireland. Co author: Paddie Blaney & Viv Coates

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Abstract:

Over the past decade there has been a substantial increase in interest and investment in the measurement of performance in the public sector (NHS Executive, 1998). In conjunction with such trends the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) has identified the concept of performance assessment and its relationship to improving the practice of nursing and midwifery, and health care outcomes, as a key component of its Development Framework (NIPEC, 2004). The aims of the study were to support and inform NIPEC's Development Framework by a. evaluating the range of approaches used in the measurement of performance for health care professionals b. developing a local profile of performance assessment for Northern Ireland health care In phase one a comprehensive literature review was completed of national and international approaches to performance assessment. Critical analysis indicated a broad range of tools to measure performance currently in use, although many lacking rigorous testing. Consultation with international key experts in this area confirmed the apparent lack of a universally accepted definition of performance. In phase two all eighteen Health and Social Services Trusts and the four Health and Social Services Boards in Northern Ireland were asked to submit copies of current performance assessment reports. Each was critically appraised according to a utility index in relation to five components: reliability, validity, educational impact, cost effectiveness and acceptability (Govaerts et al., 2001). At time of abstract submission, this phase is unfinished. However, following completion of the study in January 2005, the outcomes will be reported in this presentation, which will identify the most robust and practical processes in use in Northern Ireland. The presentation will conclude by discussing the extent to which performance assessment in nursing and midwifery is evidence based and recommend instruments of greatest utility for future implementation in health care.

Recommended reading:

- 3. Govaerts MJB, Schuwirth LWT, Pin A, Clement MEJ, van der Vleuten CPM. (2001) Objective assessment is needed to ensure competence. *British Journal of Midwifery*, 9(3), 156-61.
- Northern Ireland Practice and Education Council for Nursing and Midwifery (2004) NIPEC Development Framework. Available at: <http://www.nipec.n-i.nhs.uk/df.htm> (Last accessed 07/09/2004)

- NHS Executive (1998) The new NHS: modern and dependable: a national framework for assessing performance. Leeds, NHS Executive.

9.5.4 An evaluation of teaching and learning on a nurse practitioner programme

Sally Moyle, Senior Lecturer, Faculty of Health & Social Care, University of the West of England, Bristol, England

✉ sally.moyle@uwe.ac.uk

Abstract:

In 2004 at UWE, Bristol we introduced a range of new teaching methods including action learning and observed structured clinical examination (OSCE) into the Nurse Practitioner (NP) Level 3 Programme. This was in contrast to earlier teaching methods, which had been based on more popular didactic methods (Youngblood, 2001). The aim was to develop student's critical thinking within a peer group setting and develop core competencies in clinical examination. An evaluation of this process was undertaken to establish student's perceptions of the new approach including the perceived strengths and weaknesses, influence on learning and the impact of the approach on student's ability to undertake new roles. A purposive sample of fourteen students were interviewed through focus groups. The interviews were transcribed verbatim and key themes and concepts identified and coded. A pool of raw data quotes was kept to support the emergence of themes (Edwards, A & Talbot, R 1999) Findings suggested that students positively reviewed both the teaching and their own learning. They suggested that the action-learning environment enabled the development of skills such as problem solving, critical analysis and reflection. Students felt empowered to change and question practice. However, some students questioned the degree to which this would continue outside the 'comfort' zone of the classroom, on returning to clinical practice. All but one participant viewed OSCE as the most favoured form of assessment as it was thought to have the greatest impact on both learning and practice. It was perceived to increase confidence and competence in clinical examination and improve participants ability to work collaboratively, which respondents suggested, would be sustained over time. The findings from this study prompt further exploration into the development of a systems approach more in line with the medical (or cognitive) (Thompson, 1997) model of learning within NP programmes.

Recommended reading:

- Edwards, A. & Talbot, R. (1999) *The Hard-Pressed Researcher* 2nd ED Prentice Hall
- Youngblood, N. (2001) *Developing Critical Thinking with Active Learning Strategies*. Nurse Educator vol 26 (1) pg 39-42
- Thompson, S. (1997) *The Nature of Teaching and Learning. The Practitioner as Teacher* (Hinchcliff, S ed), Balliere Tindall, London

9.6.1 A qualitative/quantitative research study that evaluated a sure start service in South Wales

Christine Smith, Director of Primary Care and Community Nursing, School of Nursing & Midwifery Studies, University of Wales College of Medicine, Newport, Wales. Co author: Lorraine Joomun & Meryl Prosser

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Abstract:

Introduction/background: This con-current presentation will focus on the finding of an evaluation study of a Sure Start programme within South Wales. Sure Start is a government project aimed at reducing the detrimental effects of poverty on children in the 0-4years age group. This research contributes to the development of knowledge and practice by giving real life understanding of the mechanisms that encourage people to change when given information and support (Eisenstadt, 2002. As it has been recognised by studies that indicate the detrimental effects of poverty and deprivation on very young children (WAG,2004) **Methodology:** The research objectives were:

1. Testing the effectiveness about the efficacy of health support workers in meeting need
2. Testing effectiveness about the information given to parents of the pre school toddlers.
3. Testing effectiveness about the Sure Start Crèche facilities
4. Assessing the impact of Sure Start Services on parents and toddlers.

Study design: The study design was guided by the theoretical framework based on the 'realistic evaluation' approach (Pawson and Tilley, 1997) and each service evaluation incorporated the views of staff and service users.

Sample Analysis of local demographic information Census information Summary of census information-Welsh index of multiple deprivation .Evaluation of health support workers service by questionnaire survey of service users (n=61) Three focus groups-service providers (n=18) 5 semi structured interviews with service providers A questionnaire postal survey with a stratified sample of families (n=157)

Findings: The health visitors found that support workers had a positive impact on work but there are training implications. Distribution of literature needs monitoring for better uptake. The crèche facilities focused on the support to the post natal depression group and ethnic minorities

Recommended reading:

- Pawson R and Tilley N (1997) *Realistic Evaluation*. London. Sage
- Welsh Assembly Government(2004) *Early Entitlement-supporting children and families in wales*. Cardiff, WAG.
- Eisenstadt N (2002) *Sure Start: key principles and ethos*. Child Care Health and Development 28 (1) 3-4.

9.6.2 Establishing standards for inter-agency working in child protection

Tony Long, Senior Lecturer in Child Health, Salford Centre for Nursing, Midwifery & Collaborative Research, University of Salford, Greater Manchester, England. Co author: Martin Johnson

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Abstract:

This project was funded by the UK Department of Health in response to the Laming report following the death of Victoria Climbié to investigate education and training for inter-agency working by specified occupational and professional groups. These included doctors, nurses, midwives, health visitors, police, teachers and social workers. Housing workers and some other groups were notably excluded from the brief. The work was undertaken by a research team from two research centres in the University of Salford. The first task was to identify existing relevant published standards for inter-agency working with regard to the named groups. This was undertaken primarily through documentary analysis, and this was supplemented with telephone interviews and e-mail contact with key informants in order to clarify aspects of the data. Few standards were to be found; these were not held in common across professional groups; and no group held specific standards for inter-agency training. The second part of the project was to develop a model of standards with examples for later implementation work. This was achieved through consultation events with key stakeholder groups; presentation and discussion at a national child protection conference for health and social care professionals; draft proposals and questionnaire survey of Area Child Protection Committee chairs; amended draft proposals and questionnaire to reference group members; follow-up interviews with members of key organisations; and 4 regional multi-professional and multi-agency workshops to fine-tune the final proposals. The presentation will detail the model developed, the 3 levels of standards, and examples of the standards (operational standards, and education & training standards). Additional consideration will be given to identification of key organisations to effect implementation and to other specific recommendations from the project.

Recommended reading:

- DfES (2003) Every child matters (CM 5860). London: The Stationery Office.
- The Cabinet Office (2003) The Victoria Climbié Inquiry (Cm 5730) (Lord Laming - Chair). London: The Stationery Office.
- Shardlow S, Davis C, Johnson M, Long T, Murphy M, Race D (2003) Review of education and training for inter-agency working. University of Salford

9.6.3 Issues in recruiting from vulnerable groups - paediatric intensive care

Margaret Fletcher, Reader in Children's Nursing, Faculty of Health & Social Care, University of the West of England, Bristol, England

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Abstract:

Aim: To describe and discuss issues arising when recruiting children in intensive care (PICU) into research studies.

Study: Whilst recruiting children in intensive care into a study of invasive infections, which included obtaining / retrieving a number of body fluid samples, issues arising related to consent and level of participation were noted and informed subsequent practice. 30 of the recruited children were in the PICU at the time of consent (to date), for treatment of an infective illness such as meningitis or septicaemia, the majority being retrieved from other centres over a large geographical area. 1 mother refused consent (previous experience), 2 parents withheld consent (evasion was respected) and 1 child refused consent on the basis of the proposed use of samples.

Issues raised included:

- Ability of the child (and any patient in such extreme conditions) to be involved in giving consent/assent
- limited time available with the parents
- child's short stay in PICU (either through transfer back to the referring hospital or due to death)
- timing of initial and subsequent approaches to parents and the child in relation to their arrival in PICU and the severity of the child's illness
- impact of consenting in difficult circumstances on the subsequent success of data collection

Discussion: Giving consent in such situations is often not recalled by parents/ patients. To minimise this worrying phenomenon, recruiting individuals need to establish a relationship with the family which makes it clear that they (research staff) are involved in a specific study and what that study is about. The opportunity to identify researcher with study frequently results in good recall of the study aims during later encounters. The protocol for research in constrained circumstances must reflect the likely problems in comprehensive data collection and demonstrate strategies to allow for missing data.

Recommended reading:

- Tait AR, Voepel-Lewis T, Malviya S., 2003. Participation of children in clinical research: factors that influence a parent's decision to consent. *Anesthesiology*. 99(4):819-25
- Burgess E, Singhal N, Amin H, McMillan DD, Devrome H., 2003. Consent for clinical research in the neonatal intensive care unit: a retrospective survey and a prospective study. *Archives of Disease in Childhood Fetal & Neonatal Edition*. 88(4):F280-5; discuss

9.6.4 Paediatric pain management: How much has changed?

Joy Conlon, Nurse Tutor, School of Nursing, Our Lady's Hospital for Sick Children, Crumlin, Dublin, Ireland. Co author: Hance William Kelly

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Abstract:

The study assessed Irish Paediatric Nurses' level of knowledge regarding paediatric pain and pain management. A simple random sample (N=300) of Irish Paediatric Nurses was selected from two study settings. A descriptive quantitative survey design was chosen to meet the aims of the study. Data was collected using the 'Paediatric Nurses Knowledge and Attitudes Survey Regarding Pain' (PNKAS) self-report questionnaire, which assessed each respondent's level of knowledge regarding various aspects of paediatric pain management. An overall response rate of 59% was achieved. The study findings highlighted a concerning lack of knowledge amongst Irish Paediatric Nurses regarding effective paediatric pain management practices. Also highlighted was an incessant belief in the many myths that surround paediatric pain, especially the use of opioid analgesia. Surprisingly prior education in the area of paediatric pain was not found to positively influence the respondents' level of knowledge. The use of a pain assessment tool was found to positively affect paediatric pain management practices; however pain assessment tools were not universally employed throughout the study settings. These findings mirrored the findings of a number of related studies previously undertaken at international level. The study findings also strongly call for aggressive measures to educate paediatric nurses in the area of paediatric pain management. In order to ensure that children do not needlessly suffer pain during periods of hospitalisation paediatric nurses to adopt a more proactive approach to paediatric pain management. If paediatric nurses are to act as role models in the area of paediatric pain management and pave the way for improvements in this area of practice, they need to ensure that they are fully equipped with the fundamental knowledge and skills to fulfill the requirements of this principle role

Recommended reading:

- Boughton K., Blower C., Chateard C., Dircks P., Stone T., Youwe G. & Hagen B. (1998) Impact of Research on Paediatric Pain Management and Outcomes. *Paediatric Nursing* 24(1), 31-36.
- Ferrell B.F. & McCaffery M. (1997) Nurses' knowledge of pain assessment and management how much progress have we made? *Journal of Pain and Symptom Management* 14(3), 175-188.
- Ely B. (2001) Pediatric Nurses' pain management practice: Barriers to change. *Pediatric Nursing* 27(5), 473-480.

9.7.1 Running a multi-centre study: Challenges and opportunities for nurses

Cheryl Crocker, Nurse Consultant,
Critical Care, Nottingham City Hospital,
Nottingham, England. Co author: Janice
Ratray & Martyn Jones

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Abstract:

Critical care has a relatively small evidence base due to problems with research design, the recruitment of patients, funding and in particular the support for nurses to undertake research. Despite all this there is a commitment to strengthen the contribution of nursing research from the Department of Health (DoH 2001), furthermore within Critical Care there is a recognition that nurses are in a good position to influence the research and development agenda (DoH 2001). The Intensive Care Experience Questionnaire (ICEQ) was developed and piloted in Dundee. Initial findings suggest that patients' perceptions measured using the Intensive Care Experience Questionnaire are associated with reported anxiety, depression and post-traumatic stress symptoms at time of hospital discharge (Ratray 2002). This has important bearings on the care of patients in intensive care settings and their follow up. A second study was designed in order to examine the cross-sample reliability and concurrent / predictive validity of the Intensive Care Experience Questionnaire (ICEQ) in a second independent critical care service. This was a cross-sectional and predictive study to confirm the structure of the Intensive Care Experience Questionnaire (ICEQ) in 8 units in Mid Trent Critical Care Network. Challenges and opportunities of conducting research Many challenges existed around the recruitment of patients to the study which was expected however there were far more around obtaining ethical approval, securing funding and finding staff to carry out the study. For nurses there are many opportunities in being part of a multi – center research study. This presentation will examine the challenges and opportunities for nurses in running a multi – center research project. If we are to increase the research capacity and capability in nursing, the profession needs to look at ways of developing these skills in staff and ensuring that resources are available to help them.

Recommended reading:

- Department of Health (2001) Towards a Strategy for Nursing research and Development: Proposals for Action. London, DoH.
- Ratray J (2002) Quality of Life After Intensive Care: Assessment and Prediction. Unpublished PhD thesis. University of Dundee.
- Department of Health (2001) The Nursing Contribution to the Provision of Comprehensive Critical Care for Adults: A strategic programme of action. London, DoH.

9.7.2 Lessons to be learned from conducting a longitudinal study

Alison Jeffery, Research Nurse, University
Medicine, Peninsula Medical School,
Plymouth, England. Co authors:
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Abstract:

Background: Prospective, longitudinal studies can generate valid, generalisable data and increase our understanding of disease. Sample attrition and ethical dilemmas pose threats to their success.

Aims: 1. To describe methods used to retain participants and increase compliance. 2. To describe ethical dilemmas arising during a longitudinal study.

Participants: EarlyBird is a prospective, non-intervention longitudinal cohort study, based in Plymouth, UK, aiming to discover which children develop insulin resistance (Voss, 2003). 300 children, mean age 4.9 years, were randomly recruited in 2000. Data include anthropometry, indices of metabolic health, activity and diet.

Compliance: The study retained 90% of the cohort after the first three years. Compliance included blood tests 85%, DEXA scans 99%, activity monitoring 87%, and skinfold measurements 100%. Ethical considerations Problems encountered: a) Defining abnormal results, and their relevance. b) How to feedback results to families without jeopardising long-term aims.

Discussion: Low attrition and high compliance rates were achieved by close family contact, individualised appointments, distractors, anaesthetic cream, rewards, certificates and social events. Detailed information about tests is given in advance, with assurance of complete confidentiality. Families are told that they will be informed of any abnormal result. However, it is unclear whether a result is "abnormal" when paediatric reference ranges are unavailable. Longitudinal studies can determine these ranges, together with an understanding of their implications in the subsequent development of disease. Feedback of abnormal lipid or insulin levels, for example, could lead to lifestyle changes. The participant should then leave the non-intervention study, thus increasing attrition and reducing generalisability. This may in turn be unethical when considering the rights of the remaining participants.

Conclusion: Valuable experience has been gained reducing attrition and increasing compliance (Voss 2003b, Jeffery in press). Those in regular contact with participants, and those directing studies, may have complementary perspectives on ethical dilemmas.

Recommended reading:

- Voss LD, Kirkby J, Metcalf BS et al (2003a) Preventable Factors in Childhood that Lead to Insulin Resistance, Diabetes and the Metabolic Syndrome: The EarlyBird Diabetes Study (1). *Journal of Pediatric Endocrinology and Metabolism*; 16:1211-1224
- Jeffery AN, Snaith RJ, Voss LD. Ethical dilemmas – feeding back results to members of a longitudinal cohort study. *Journal of Medical Ethics* (in press).
- Voss LD, Jeffery AN, Snaith R et al (2003b) Bleeding ethics (letter) *Archives of Diseases of Childhood*;89:590

9.7.3 Demystifying quantitative approaches to research for nurses and midwives with little background in quantitative research methods

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Adolescent Nursing, Faculty of Nursing,
Midwifery & Health, University of
Technology, Sydney, Lindfield, NSW,
Australia . Co author: Jackie Crisp

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Abstract:

In Australia and New Zealand registered nurses and midwives: commonly focus on questions of process over questions of outcome when thinking about practice; rarely understand and/or value the full range of research methods evident in nursing/ midwifery research – particularly those methods at the top of evidence hierarchies related to 'best practice'; exist comfortably in the world of words, but tend to flounder in that of numbers. As teachers of evidence-based health care we need to develop strategies for equipping nurses and midwives with the knowledge and skills they require for thinking critically about the role of research evidence in their practice (ebp), therefore, need to overcome the obvious challenges presented by these tendencies. Over the past several years we have developed an approach that, on evaluation by peers and students, effectively copes with diverse entry behaviours – from beliefs that the ebp movement is a conspiracy to a willingness to 'give it a go' – as well as dealing with the problems of a minimal knowledge base, apparent tensions between world views and a dislike of numbers. The approach outlined in this paper evolved out of our own exposure to the teaching and learning processes now well established within the ebp movement, plus the need to teach ebp in bigger groups of post graduate nursing and midwifery students who are commonly enrolled in 'the research subject that looks the least aversive research subject option'. At the heart of our approach is the use of a conceptual framework that captures the links between research questions (the intention of the researchers), research designs (the intended form of evidence), the phenomena of interest (operationalisation process), measurement of the phenomena (levels of data to be obtained), and analysis (descriptive and/or inferential statistics; clinical significance). The teaching and learning process involves working with students as they build their understanding of the different elements of the framework as they read and struggle to make sense of research reports in relation to their own practice.

Recommended reading:

- Greenhalgh, T. (1997), How to read a paper: getting your bearings (deciding what the paper is about), *BMJ*, vol 315, pp.243-246
- Brown, S.J. (1999), Knowledge for health care practice: a guide for using research evidence, W.B. Saunders, London,
- Sackett, D.L. (1996), Evidence based medicine: what it is and what it isn't, *BMJ*, vol 312, pp.71-72

9.7.4 Look before you leap and don't put all your eggs in one basket: some reflections on the need for caution and prudence in quantitative data analysis

Steven Pryjmachuk, Nursing Lecturer,
School of Nursing, Midwifery & Social
Work, University of Manchester,
Manchester, England

✉ steven.pryjmachuk@manchester.ac.uk

Abstract:

Many undergraduates in the health and social sciences are routinely instructed that the procedure for undertaking data analysis in quantitative research is as follows: once the data has been collected, it is entered into a computerised statistical package so that various statistical tests can be undertaken, after which the output of these tests is examined for p-values that are statistically significant. Furthermore, if significant differences are found, jubilation often exists because statistically significant results are – so we are taught – a clear indicator that something worthwhile (and publishable) has, indeed, been discovered. This paper argues, however, that there are two major flaws in this 'traditional' approach to data analysis: a lack of exploration of the raw data *prior* to analysis and an overdependence on p-values. Both of these flaws are routinely present in much health and social science research and both create problems for the very purpose of scientific enquiry, the search for 'Truth'. There is, as such, a need for investigators to exercise caution ('look before you leap') and prudence ('don't put all your eggs in one basket') when undertaking quantitative data analyses. Caution demands that, prior to full data analysis, investigators employ procedures such as data cleaning, data screening and exploratory data analysis (procedures which also help deal with potentially serious issues such as missing data, outliers and violations of the underlying assumptions of statistical tests). Prudence demands that investigators see p-values for their true worth, which exists only within the context of statistical theory, confidence intervals, effect sizes and the absolute meaning of statistical significance. Although specific reference is made to the statistical techniques employed in the author's doctoral thesis (in particular the t-test, analysis of variance and logistic regression), the principles discussed are applicable to most research designs employing statistical methods.

Recommended reading:

- Wilkinson L and Task Force on Statistical Inference (1999). Statistical methods in psychology journals: guidelines and explanations. *American Psychologist*, 54(8), 594-604.
- Cohen J (1994). The earth is round ($p < .05$). *American Psychologist*, 49, 997-1003.
- Hopkins W G (2004). A New View of Statistics [web site], <http://www.sportsci.org/resource/stats/index.html>

9.9.1 Actor-network theory and processes of influence in evidence based practice

Michael Traynor, Trevor Clay Professor
of Nursing, School of Health & Social
Sciences, Middlesex University, London,
England

✉ m.traynor@mdx.ac.uk

Abstract:

Actor-network theory (ANT) is an approach to the social analysis of influence developed by Michel Callon, Bruno Latour and others (Callon 1986). An actor seeking influence attempts to borrow the force of other actors in a process termed 'translation' with four distinct stages. An actor can exert influence over other actors quite distant from their own 'centre' (Law 1986). Crucially, in ANT actors can be both human and non-human (e.g. devices, technologies or documents). ANT has been used to understand how scientists work (Latour 1987) and seek to influence the activities of others outside the scientific community, for example their attempts to influence the unsustainable practices of fishermen in scallop fishing areas off the south of France (Callon 1986). This paper applies ANT to a study (in progress) of influence in the area of evidence based practice in order to investigate the theory's explanatory power. Method: Sources of data are twofold: i) key documents from the Centre for Evidence based Medicine in Oxford, UK, and from the widely used Critical Appraisal Skills Programme (CASP) resources from the NHS Learning and Development Unit, and ii) semi-structured, tape-recorded interviews with three nurse research leads responsible for promoting evidence based practice in three north London NHS Trusts. The interviews will focus on informants' understanding of the needs of practitioners for increased research awareness and how it is being addressed, one local approach being through the teaching of critical appraisal. The method of analysis of this material is discourse analysis. The study aims are: 1. to test how well ANT can explain the interaction between these actors as a process of influence from a centre to distant periphery. 2. To identify successful features but also points where influence has, or is in danger of, breaking down.

Recommended reading:

- Callon, M. (1986). Some elements of a sociology of translation: domestication of the scallops and the fishermen of St Brieuc Bay. In J. Law (Ed.), *Power, Action and Belief: A New Sociology of Knowledge?* (pp. 196-233). London: Routledge & Kegan Paul. Law, J
- Law, J. (1986) On the methods of long-distance control: vessels, navigation and the Portuguese route to India. In J. Law (ed.) *Power Action and Belief: A New Sociology of Knowledge.* (pp. 234-265) London. Routledge & Kegan Paul

9.9.2 Getting service users involved in protocol development: Process, issues and debates

Jo Abbott, Senior Nurse Manager Public
Health, Rotherham PCT, Rotherham,
England

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Abstract:

R&D policy highlights that service users should be involved at every stage of the research process, and INVOLVE suggests that they should be involved as early as possible. This paper will describe the process of getting service users involved in the early stages of research protocol development, and explores the advantages and disadvantages of such an approach, as well as sharing learning from several case examples. Service user involvement within three protocols will be described. A group of primary care patients in a GP practice exploring issues of concordance to medication. A group of young teenage mothers on a supported housing project. A group of parents in developing a health and well-being questionnaire for men and women in the first year after a baby is born. The presentation will explore issues of developing links with service users to enable the consultation to take place, and will describe how we applied principles of user involvement within the research process, to develop ethical research practice in this regard. The presentation will also identify the usefulness of the consultation in developing research questions and methods, issues of recruitment to the studies, and the potential for ongoing partnerships in research. The tensions and dilemmas for early consultation will also be explored. This includes questions around ethical approval or ethical practice? It also includes raising hopes and expectations, and finding funding for pre-protocol consultation. Abbott and Cooke

Recommended reading:

- B. Hanley, J. Bradburn, S. Gorin, M. Barnes, Evans, C. and Goodare, H. (2000) Involving consumers in research and development in the NHS: briefing notes for researchers, Consumers in NHS Research Support Unit, Winchester.
- Department of Health (2000) Research and Development for a First Class Service, DOH Leeds.
- Boote, J., Telford, R., and Cooper, C. (2002) Consumers involvement in health research: a review and research agenda. *Health Policy*, 61(2), 213-36

9.9.3 The other side of the microphone: participants' experience of qualitative interviewing

Lesley Lowes, Research Fellow/
Practitioner (Paediatric Diabetes),
School of Nursing & Midwifery Studies,
University of Wales College of Medicine,
Cardiff, Wales

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Abstract:

A longitudinal qualitative study was undertaken to explore parents' experience of having a child diagnosed with diabetes. The sample comprised 38 parents (of 20 children). Seven parents (of 4 children) participated in a single interview four months after diagnosis, and 12 parents (of 6 children) in a single interview twelve months after diagnosis. All parents who met the sampling criteria

during the recruitment phase agreed to participate and none withdrew from the study. Interviews were transcribed verbatim. Themes and patterns were identified and data were systematically coded under categories arising clearly from parents' accounts. While being interviewed for the first time, many parents became upset talking about their experience. This was not unexpected given the nature of the research but, despite many years experience in this clinical area, the researcher was unprepared for the intensity of parents' emotions and became concerned about the effect of in-depth interviewing on participants, particularly when exploring emotive topics. Thus, at their final interview, parents were asked to describe their experience of being interviewed. Data generated by this question highlighted the 'therapeutic' nature of the interviews for these parents. Most parents felt the interviews had been 'helpful' or part of a 'healing process'. The interviews were not purposefully 'therapeutic' but did allow parents an opportunity to openly express their feelings, sometimes bringing to explicit awareness feelings not previously recognised or acknowledged. This paper will discuss and debate this topic in terms of the principle of non-maleficence, reciprocity regarding what subjects give and receive from participating in a study, and ethical implications of the relationship between the research interview and personal therapy. It will propose that it should not be considered problematic if participants find in-depth research interviews helpful through being given the opportunity to share their experiences with an interested person.

9.9.4 An investigation into patients' perceived understanding and experiences of the research they consent to

Ruth Alexander, Research & Development Manager, Green Park Healthcare Trust, Belfast, Northern Ireland.

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Abstract:

The management of Health research has changed dramatically since the introduction of the Research Governance Framework in 2001. New forms of regulation are transforming the legal and ethical framework for research and researchers. Self-regulation has given way to increasingly more formalised procedures designed to win public trust and assure ethical conduct and accountability of researchers. Research Ethics Committees' scrutinise the process of 'informed consent' by thoroughly examining information documents. Within Northern Ireland there has been no examination of how these changes have improved the 'informed consent' process or if new processes actually meet the needs of our patients who consent to be involved in research. There are few studies examining consent from a patient's viewpoint, most are from the clinician's opinion but interestingly the only literature available on research participants' thoughts and feelings on consent is by a lawyer. This study was aimed at assessing levels of information given to participants, assessing perceived understanding of information given and to identify areas for improvement. Mixed methods were used in that a questionnaire was sent to a convenience sample of 150 patients who had previously consented to research within this Trust and in-depth telephone interviews were carried out with 4 randomly selected individuals who had given their details

for this purpose. There was a 43% return rate of questionnaires. The main results from the study highlighted that 74% of patients recalled receiving information documents with 65% of these patients actually reading the leaflet, and 78% alluding to remembering signing a consent form. The most worrying statistic was the fact that 35% stated that they understood little or none of the information received, even though it appeared from documentation that all participants had given 'informed consent'. The aim of this presentation would be to discuss the rationale, results and recommendations of the study in full.

Recommended reading:

- Ferguson. P.R. 2001 Patients' experiences and views of clinical trials. Medical Law. Vol. 20, pp 143-152.
- Priestly, K., Campbell, C. and Valentine, C. 1992. Are patient consent forms for research protocols easy to read? British Medical Journal 305, pp 1263-1264.
- Ferguson. P.R. 2002 Patients' perceptions of information provided in clinical trials. Journal of Medical Ethics. Vol. 28, pp 45-48.

Friday 11 March

30.30 - 10.30

Concurrent session 10

10.1.1 An exploratory study to examine the decision making processes of patients who have been offered the opportunity to take part in a clinical trial - the outcome

Audrey Griffiths, Senior Nurse - Clinical Trials, Day Ward, Christie Hospital (NHS) Trust, Manchester, England. Co authors: Bernadette Ryan-Woolley & Juan Valle

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Abstract:

The purpose of this study was to explore the decision-making processes of patients with cancer who are offered the opportunity to take part in a clinical trial. The development of new cancer drugs relies on willing and available patients to take part in clinical trials. These patients who are already emotionally and psychologically vulnerable, are being asked to make a decision regarding their future treatment. Using a Grounded Theory approach, underpinned by symbolic interactionism, the study investigated how patients perceived all aspects of the clinical trial recruitment procedure. The goal of the research was to provide insight into how the study patients made sense of the received information and how this influenced their final decision. Fifteen patients with gastrointestinal cancer agreed to take part in the study. Twelve agreed and three declined the offer of clinical trial participation. In-depth qualitative interviews were carried out after the patients had made their decision concerning clinical trial participation. Evidence emerged that there was a disparity between the verbal/written information given by the doctors/nurses concerning the clinical trial and that received/ understood/used to support patient decision-making. Information needs and decision-making process were found to vary considerably within the three groups of patients (metastatic, /incurable/curable) and with the three prevailing types of attitude towards life which emerged from the analysis (optimistic about the future/unsure of the future /grounded in the present). A tentative theory was formulated to explain the link between attitudes towards life and clinical trial participation decision-making. The implications of this research are that if health care professionals wish to ensure that patients with cancer give fully informed consent to clinical trials rather than simply signing the consent form, it is imperative that individual attitudes towards and perceptions of the disease and informational needs are recognised and responded to.

Recommended reading:

- Cox, K (2002). "Informed consent and decision-making: patients' experiences of the process of recruitment to phase I and II anti-cancer drug trials." Patient Education and Counseling 46: 31 - 38.
- Kelly-Powell, M L (1997). "Personalising choices: Patients' experiences with making treatment decisions." Research in Nursing and Health 20: 219-227.
- Featherstone, K and Donovan, J L (2002). "Why don't they just tell me straight, why allocate it?"

The struggle to make sense of participating in a randomised controlled trial." *Social Science and Medicine* 55: 709 - 719.

10.1.2 Recruiting and retaining participants in randomised controlled trials and clinical epidemiological studies

Julie Young, Research Nurse, Primary Care Sciences Research Centre, Keele University, Keele, England. Co author: Hannah Yates

✉ j.young@cphc.keele.ac.uk

Abstract:

Background: The Primary Care Sciences Research Centre (PCSRC), at Keele University carries out research programmes in the assessment and management of musculoskeletal pain. The programme includes randomised-controlled trials and clinical epidemiological studies. The Centre employs a multidisciplinary team including a wide range of Health Care Professionals. These professionals work closely with local and regional Primary Care organisations to ensure that the required numbers of participants are recruited into each of the various studies. Recruitment strategies currently used include General Practitioner and Physiotherapist referrals, Population Based Surveys and electronically held consultation data. Achieving high levels of recruitment and retention at follow-up are an essential part of any successful research programme. To facilitate this the Centre currently employs four research nurses dedicated to this purpose.

Aims: In the session we aim to share our expertise and experience in - Recruitment and follow-up procedures - How we overcome the obstacles faced during recruiting and retention of study participants - Positive participant-recruiter interactions/relationships - Methods utilised by the centre to maximise follow-up rates

Content Introduction: A brief outline of the research department at Keele, followed by a general introduction into the role of the research nurse. Core components of the session: - Highlight the recruiter/patient relationship within the research setting, e.g., how we build up a rapport with the participants yet stay professional. - Expand on the problems encountered whilst recruiting patients, e.g., lack of suitable referrals and how we endeavour to overcome these. - Focusing upon sharing our experiences and our divided loyalties between the research and clinical roles

Conclusion: A summary of the session and what the nurse brings to the research team, e.g., excellent communication skills, clinical knowledge, empathy and examination skills will be highlighted.

10.1.3 Measuring socio-economic status

Vivien Coates, Professor of Nursing Research, Altnagelvin, University of Ulster, Coleraine, Northern Ireland. Co author: Mary McMenamin

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Abstract:

The adverse impact of poor socio-economic (SE) status on health has long been a topic of concern (Black Report, 1980), yet the scale of the problem is undiminished. Nursing is affected by SE factors, both

in the provision of care and also because nurses are expected to help reduce health inequalities and to improve equal access to health care. There is much scope for nursing research to contribute to the debate about SE factors upon health however, SE status can be difficult to identify and measure. This paper will focus on some of the problems associated with measuring SE status and its impact on health. There are many approaches to measuring SE status, such as by social class or measures of social deprivation (Townsend et al, 1988). More recently the Noble Deprivation Index (2001) has been developed and is based on the premise that deprivation comprises separate dimensions of deprivation. The strengths and weaknesses of these different approaches and their application to health care research will be discussed. The application of the Noble Deprivation Index to an ongoing research project to examine the role of SE deprivation and associated behavioural, psychological and social attributes which may adversely influence clinical outcomes in Type 2 diabetes mellitus will be presented. This study involves a sample of 500 patients registered with a hospital based diabetes register. All patients on the database were profiled and then a stratified, random sample to proportionally include 5 levels of deprivation was selected. The use of the Noble Index and the steps taken to verify the accuracy of the sampling approach during structured interviews will be outlined. This approach to accessing and measuring SE status could be applied to other populations and this paper will contribute to the debate about identifying and measuring differences in SE circumstances.

Recommended reading:

- Department of Health and Social Security (Black Report) (1980) Inequalities in health. Report of a research working group chaired by Sir Douglas Black. DHSS, London.
- Townsend P, Phillimore P & Beattie A (1988) Health and deprivation: Inequality and the North. London, Croom Helm.
- Noble Deprivation Index (2001) Measures of deprivation in Northern Ireland. Department of Finance and Personnel: Demography and Methodology Branch. 05/07/01 ISBN - 1-899203-43-5.

10.1.4 The development of a new simple instrument for measuring and assessing wounds and trauma

Alison Metcalfe, Research Fellow, School of Health Sciences, University of Birmingham, Birmingham, England. Co authors: Susan Tohill & Mandy Williams

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Abstract:

A new instrument for the measurement of wounds has been developed. The idea originated in midwifery practice in producing a more rigorous assessment of the size of second-degree tears to the perineum following childbirth. Perineal trauma has often been quite difficult to research in the past because of the broad descriptions used to define perineal tears. This difficulty has arisen due to the location of the wound, sensitivity and risk of infection. By the late 1990's medical grade plastics were becoming more cheaply available and a soft, flexible, sterilisable measuring device was developed. However it was necessary to validate the use of the tool to ensure consistent and reliable measurements could be obtained, irrespective of

who was using it. Validation of the device took place across 4 maternity units with a convenience sample of women who had sustained a perineal tear and consented to take part. All midwives agreeing to participate were asked to measure the tear using a set of simple guidelines and a second colleague blinded to the first midwife's measurements repeated the procedure. A total of 130 women had their tears measured by 2 midwives (giving 85% power at 0.05% significance level). The results showed that there were strong levels of agreement between midwives for measuring all the different dimensions of perineal trauma including the depth of tear, the length of tear into the vagina and the length of the tear along the perineum. This validated measuring device has the potential to be used for all types of wound. It provides an important assessment tool for assessing severity of wound, rate of healing and provides a quick, simple and reliable method of recording injury. All of which is of growing importance with the increase in litigation.

Recommended reading:

- Metcalfe, A, Tohill, S, Williams A, Haldon, V, Brown, L, Henry, L. (2002) Developing a pragmatic tool to measure second-degree perineal tears. *British Journal of Midwifery* 10, 7:412-417

10.2.1 The transmission of information between nurses in an intensive therapy unit (ITU): an interpretation of ritual and symbolism

Susan Philpin, Senior Lecturer, School of Health Science, University of Wales, Swansea, Wales

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Abstract:

Background: Passing on of information via both verbal and written routes in an ITU setting is complex and multi-faceted. A number of authors have taken ethnographic approaches and explored the verbal handover as an example of a nursing ritual (Wolf, 1989; Ekman and Segesten, 1995). The written route involves various textual materials, which, in addition to conveying essential information about the patient's status, also represent other messages (Prior, 2003).

Aim: This paper explores two key areas of information transmission - verbal bedside handovers and written accounts - arguing that in addition to the manifest purposes of transferring essential information between nurses, both modes of reporting also have important latent functions. It will explore and interpret elements of ritual and symbolism inherent in both forms of handover. **Method:** The paper reports on particular findings from a larger ethnographic study of nursing culture, which was accomplished through participant observation over a twelve-month period in ITU, followed by interviews with fifteen nurses.

Findings: The findings suggest that both verbal and written reports, in addition to ensuring that nurses taking over the care of the patient receive the necessary information to enable them to safely provide continuity of care, also convey essential meanings and articulate group values. For instance, I argue that the handover period, being one of transition, is a time of 'liminality' (and hence vulnerability) for the patient in that they are not under the care of either incoming or outgoing nurse; thus one of the handover's latent functions is to symbolically represent the importance of taking great care

in transferring the patient to the next nurse. Both modes of handover reporting are also visual and/or audible symbolic representations of nursing care in ITU and as such confirm and validate that care, expressing the value of nursing work in this unit.

Recommended reading:

- Ekman, I. and Segesten, K. (1995) Deputed power of medical control: the hidden message in the ritual of oral shift reports. *Journal of Advanced Nursing*, 22, 1006-1011.
- Wolf, Z.R. (1989) Learning the professional jargon of nursing during the change of shift report. *Holistic Nursing Practice*, 4, (1), 78-83.
- Prior, L. (2003) *Using Documents in Social Research*. London: Sage

10.2.2 Perception of night-time sleep by surgical patients in an intensive care unit

Maria Angeles Margall, Nurse Manager, Intensive Care Unit, Canica Universitaria de Navarra, Pamplona, Spain.

Co authors: Manica Vazquez, M Carmen Asiain, Ana Nicolas, Eva Aizpitarte and Anglica Iruarizaga

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Abstract:

Background: The night-time sleep of patients hospitalised in Intensive Care is a very important feature within the health/disease process since it has a direct repercussion on their adequate recovery.

Objectives:

- 1) describing how surgical patients perceive their sleep in the Intensive Care Unit;
- 2) comparing the subjective perception of patients with the nursing record and analysing the degree of agreement between them.

Method: 104 surgical patients, alert, oriented and able to interact verbally were studied. The patients completed the Richards-Campbell Sleep Questionnaire (RCSQ), a five items visual analog scale, to subjectively measure each subject's perceived sleep. Scores from 0mm, indicating poorest quality sleep, to 100mm indicating optimal sleep were used.

This research considered, from 0 to 33 bad sleep, 33 to 66 regular sleep, and 66 to 100 good (high) quality sleep. The observation of patient sleep by nurses, demographic data, nursing care during the night and pharmacological specific treatment were collected from the nursing record.

Findings: The total mean score of the sleep on the first post-operative night was 51.42 mm, 28% of patients had good sleep, 46% regular sleep and 26% bad sleep. The sleep profile of these patients has been characterised by being a light sleep, with frequent waking and generally with little difficulty to go back to sleep after those awakenings. The agreement between the nurses' perceptions of patients' sleep and the patients' perception of their sleep was tested by means of one factor's ANOVA ($p < 0.05$) with a variation coefficient of 36.88% which indicates that relative agreement was obtained. Analysing every nurse-patient perception we obtained a 44% of total agreement and 56% of disagreement. When discrepancy was found, the nurse generally overestimated the patient's perception. Systematic evaluation of patients' sleep would enable nurses to establishing appropriate care in order to improve the quality of sleep.

Recommended reading:

- Richards, K.C., O'Sullivan, P.S., Philips, R.L. (2000). Measurement of sleep in critically ill patients. *Journal of Nursing Measurement*, 8(2), 131-144.
- Edéll-Gustafsson, U., Arén, C., Hamrin, E., Hetta, J. (1994). Nurses' notes on sleep patterns in patients undergoing coronary artery bypass surgery: a retrospective evaluation of patient records. *Journal of Advance Nursing*, 20(2), 331-336.
- Redeker, N.S. (2000). Sleep in acute care settings: an integrative review. *Journal of Nursing Scholarsh*, 32(1), 31-38.

10.2.3 It's not like the wards: Experiences of nurses new to critical care

Deborah Dawson, Consultant Nurse Critical Care, Intensive Care Unit, St George's Hospital, London, England.
Co author: Sarah Farnell

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Abstract:

Background: Critical care nursing is both emotionally and intellectually challenging. For nurses without any previous critical care experience, choosing to work in this environment can be particularly daunting. Yet, little is currently known about the experience of nurses' new to this environment.

Aims: The aims of the study were to 1. Explore the experience of nurses' new to critical care 2. Identify what factors influence the nurses' experiences during this time. 3. Evaluate methods used to facilitate nurses' development such as education and preceptorship.

Methods and Participants: This longitudinal qualitative study, using a phenomenological approach, involved all nurses (n=14) recruited to the unit during the May 2002 (n=7) and September 2002 intake (n=7). Data collection was by means of semi-structured interviews at one, three and six months. All interviews were tape recorded, transcribed, and analysed for emerging themes and concepts.

Findings: Participants described a variety of unique experiences throughout the interviews, many of these related to four key themes: support, knowledge and skills, socialisation and moving on. There were also a number of key factors influencing these experiences including foundation programme, support, preceptors, staff and pre-requisites. Although strategies such as education and preceptorship were positively evaluated, areas for improvement were also identified.

Conclusion: This study captures the unique experiences of nurses new to critical care and demonstrates the complexity of socialisation to the critical care milieu. By understanding this process it enables strategies to be put in place to aid this transition.

Recommended reading:

- Boyle, D; Popkess-Vawter, S; Taunton, R L (1996) Socialisation of new graduate nurses in critical care *Heart and Lung* 25 (2) 141-154
- Scholes, J; Smith, J (1997) Starting Afresh- The impact of the critical care milieu on newcomers and novices *University of Brighton Occasional Paper Series NDU No.1*
- Reising, D L (2002) Early Socialisation of New Critical Care Nurses *American Journal of Critical Care* 11 (1) 19-26

10.2.4 The research coordinator in Australian and New Zealand intensive care units

Claire Rickard, School of Rural Health, Monash University, Australia. Co authors: Brigit Roberts, Jon Foote & Matthew McGrail

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Abstract:

Background: The Research Coordinator (RC) role is a relatively new addition to the staffing profiles of Australasian Intensive Care Units (ICUs). Such positions represent a unique opportunity for nurses to specialise in research while remaining based in the clinical setting. Responses from nursing colleagues are varied, ranging from collaborations recognising RCs' clinical research skills, to criticism of the role as a data collector for medical research. There have been anecdotal reports of RC positions in various specialty areas. However, limited research has been undertaken into the role, and no published study in the ICU setting.

Aims:

1. Describe the demographics of Australian and New Zealand ICU RCs (e.g. age, gender, education, professional experience)
2. Describe the structure and function of the RC role in Australasian ICUs (e.g. type of research undertaken, relationship with nursing management and peers)
3. Measure RC job satisfaction
4. Identify priorities for future development of the RC role

Design: Cross-sectional cohort study
Methods: After ethics approval, all members (n=69) of the Australia and New Zealand Intensive Care Research Coordinators' Interest Group (IRCIG) were invited to participate. RCs completed a self-report anonymous questionnaire on a secure website. The questionnaire contained three parts (1) demographics and role structure (2) McCloskey-Mueller Satisfaction Scale (MMSS), and (3) MMSS-Importance Scale (MMSS-IS). [1] Demographic data and open-ended responses will be descriptively and thematically analysed. Multivariate models will be built for association of demographics with job satisfaction. MMSS and MMSS-IS scores will be compared using reliability and exploratory factor analysis. Contingency tables of high/low importance versus high/low satisfaction will allow prioritisation for role development.

Results: As at 09/09/04 a response rate of 41% has been reached (n=28), with two further reminders to be sent prior to closure of the survey on 30/09/04. Conclusions: The study results will be fully analysed and ready for presentation at the conference.

Recommended reading:

- 1. Mueller CW and McCloskey JC. Nurses' Job Satisfaction: A proposed measure. *Nursing Research* 1990; 39:113-117.

10.3.1 Whose quality is it? Participatory research with young people exploring their role in monitoring the quality of care in hospital

Tina Moules, Director of Research,
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Chelmsford, England

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Abstract:

This study set out to use a participatory approach to explore how children and young people could be involved in clinical audit. In Phase 1 of the study 9 young people (a convenience sample) who had had inpatient experience were recruited and interviewed about their experiences. The sample was recruited from a local school because of difficulties encountered with trying to recruit through two hospital trusts. In Phase 2 of the study 6 of these young people formed the research group and worked with me as co-researchers. From this point they directed the research agenda, collecting data (with my guidance) from a total of 129 children and young people, aged between 9 and 14. These children and young people were again a convenience sample recruited from local schools. Members of the research group then worked with me to analyze data using Framework Analysis and to draw out the findings which they disseminated in the form of a leaflet. The study identified five quality indicators that children and young people in the study saw as being important for good quality care. These are: technical expertise friendly staff respect choice explanations This list of quality indicators provides us with new knowledge with which to enhance the quality of care for children and young people in hospital. An analysis of the participatory process also led to the development of a unique Framework of Participation for use in participatory research projects with children and young people. The Framework aims to reflect the complex multidimensional nature of participatory research with children and young people providing a tool for practitioners and researchers. The presentation will focus on the findings as indicated above and will discuss the application of the Framework of Participation to participatory research with children and young people.

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Recommended reading:

- Moules T (2002) A case for involving children/young people in clinical audit. *British Journal of Clinical Governance*. Vol 7 No 2, p86-91
- CYPU (2001) Tomorrow's Future. Building a Strategy for Children and Young People. London: CYPU

10.3.2 A grounded theory study of ill children

Rosario Baxter, Lecturer in children's nursing, Faculty of Life & Health Sciences, University of Ulster, Coleraine, Northern Ireland

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Abstract:

This research project is 'A grounded theory study of decision-making for ill children' - a Doctorate in Nursing Science completed in October 2004. The study is the product of an ongoing professional interest and commitment to ill children and their families. The research question aims to find out what professional and family concerns, 'making

decisions for ill children' exercise those of us charged with caring for ill children. The researcher has chosen this area of paediatric care as the focus for this study because of a series of unanswered questions that emerged from an earlier piece of work (Baxter, 1996), which explored the ethical and legal status of children as organ donors. This led to a desire, as a researcher, to learn more about the general moral and legal status of children in the health care system (Baxter et al, 1998), and in particular about the decision making principles that should or do, guide caring practice. There appears in addition, scant research in children's health care to guide policy in respect of the complicated nature of ethical decision making for children. This may be partly due to the general paucity of research into most aspects of children in health care. It therefore seemed reasonable to follow this line of enquiry as a worthwhile endeavour. Data obtained from children, their families, and professionals, has been analysed using a grounded theory methodology to explore matters of concern with in decision making in relation to children in health care. In all, ten families, nine nurses and four physicians were interviewed and documentary sources of data pursued in keeping with theoretical sampling principles. Through abstraction of identified concepts and the application of a paradigm model (Strauss and Corbin, 1990), a core category has been identified, and is central to a proposed theory for guiding professional practice. The theory developed from this study findings is called: -An invitation to coalescent decision-making- It contends that a meaningful way forward in caring for ill children and their families is to formally invite parents and child into a shared negotiated system of decision-making.

Recommended reading:

- Baxter. R. (1996) Children and organ donation in the United kingdom: a literature review *Journal of Pediatric Nursing*. Vol 11 no 2 pp136-141.
- Strauss, AL. and Corbin, J. (1990) Basics of qualitative research. London: Sage
- Baxter, R., Long, A. and Sines, D. (1998) the legal and ethical status of children in healthcare in the United Kingdom (5(3) pp189-199

10.3.3. We want your views! Don't we? Research governance and the voices of children

Joan Livesley, Senior Lecturer, Salford Centre for Nursing, Midwifery and Collaborative Research, Greater Manchester, England. Co author: Debbie Fallon

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Abstract:

Children have the right to express their views about the services they use (Department of Health 2003), and their participation in research can provide a real opportunity to make this happen (Involve 2004). However, facilitation of the unique viewpoint of the child continues to be a challenge to researchers, particularly at the point of negotiating ethical approval and the recently implemented research governance mechanisms. From sharing our experience of gaining access to work with children we analyse how the context in which two current research studies are taking place impacts on the child's right to self-determination with regard to participation in research. Drawing on the sociological analysis by Mayall (2002) that points to the lives of children in the U.K. being dominated by protection and social exclusion and recent events involving children

in the U.K reported in the media, we argue that the real challenge for researchers lies in eliciting the unique perspective of individual children in a social world governed by adults. Conversely, it is the attempts of adults to protect children that may lead to their exclusion from research and a silencing of their unique perspective. This presentation illuminates some of the ethical approval issues that arise when research data is collected from children. It also contributes to the contemporary debates surrounding protection versus participation of children as research partners' by sharing the practical experiences from real world research, and considers how information shared with ethics and governance committees can be formulated to ensure that children become increasingly understood as valid commentators on their own experience.

Recommended reading:

- Department of Health (2003) Involving children and young people Stationery Office London
- Mayall B., (2002) Towards a sociology for childhood: thinking from children's lives Open University Press Buckingham
- Involve (2004) Involving marginalised and vulnerable groups in research Available at <http://www.invo.org.uk/pdf/Involving%20Marginalised%20and%20VullGroups%20in%20Researchver2.pdf> accessed 9th August 2004

10.4.1 Job satisfaction of nurses in mainland China

Hong Lu, Lecturer, Florence Nightingale School of Nursing & Midwifery, London, England. Co authors: Alison While & Louise Barriball

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Abstract:

Background: The current nursing shortage and high turnover is of great concern in many countries including Mainland China with Western countries attracting many Chinese nurses with good salaries and open immigration policies. Recruitment and retention of nurses are persistent problems associated with job satisfaction, however, there is a lack of rigorous research regarding job satisfaction and related factors to inform the development of good nurse employment strategies in China.

Objectives: To explore the relationships between job satisfaction and organizational commitment, occupational stress, professional commitment, role conflict and ambiguity of nurses.

Method: A cross-sectional survey design was utilized to collect questionnaire data. The sample comprised the total population of 632 nurses (Diploma n=297; Associate Degree n=281; Bachelor Degree n=54) working in the medical and surgical departments in the two first-ranked Teaching Hospitals of Peking University, Beijing, China. An overall response rate of 81% (n=512) was attained.

Findings: More than half of nurses (53.7%) were very satisfied or satisfied with their job and 18% reported moderate to extreme occupational stress. Most nurses reported great organizational commitment (63.7%) and professional commitment (85.9%) with only 5.9% and 10%, respectively, reporting role conflict and ambiguity often or very often. There were significant differences between nurses of different educational levels regarding professional commitment ($P<0.01$) and role conflict ($P<0.05$) but no significant differences in their job satisfaction, occupational stress and organizational commitment. Job satisfaction had a strong relationship with organizational commitment ($r=0.561$,

$P < 0.01$) and moderate relationships with the following factors: role conflict ($r = -0.358$, $P < 0.01$), occupational stress ($r = -0.349$, $P < 0.01$), professional commitment ($r = 0.330$, $P < 0.01$) and role ambiguity ($r = -0.231$, $P < 0.01$).

Conclusions: It is suggested that job satisfaction of nurses could be increased through promoting organizational and professional commitment and reducing occupational stress and role conflict and ambiguity.

Recommended reading:

- Cao Y. & Yu Y.Q. (2000) Analysis of factors related to nurses' job satisfaction. *Chinese Journal of Hospital Administration* 16(7): 437-439.
- Siu O.L. (2002) Predictors of job satisfaction and absenteeism in two samples of Hong Kong nurses. *Journal of Advanced Nursing* 40(2): 218-229.
- Cavanagh S. & Coffin D. (1992) Staff turnover among hospital nurses. *Journal of Advanced Nursing* 17: 1369-1376.

10.4.2 Preceptorship: The Irish public health nurse experience

Marcella Kelly, Nurse Lecturer, Centre for Nursing Studies, National University of Ireland Galway, Ireland

✉ marcella.kelly@nuigalway.ie

Abstract:

This study explores the understanding of the experience of being a community preceptor. A qualitative Heidegarian phenomenological approach was applied. Data collection was by means of unstructured interviews of preceptor public health nurses (PHN) ($n = 6$). Data analysis was applied using Giorgi's (1985) phenomenological data analysis framework. Findings from the analysis are presented in four main categories representing the experience of becoming a preceptor, the process of preceptorship, effects on the practitioner of being a preceptor, and the needs of the preceptor in the community setting. Findings indicate PHN's need to exercise their right in choosing to become a preceptor. Findings further suggest the need for appropriate selection and preparation for the role. Preceptor PHN's expressed both benefits and disadvantages of being a preceptor, emphasising both personal satisfaction, as well as difficulties in enacting their dual role of clinician and teacher. Themes evident within the four main categories of data indicate that preceptors have an innate knowledge of informal teaching processes and skills. However, preceptor PHN's express an explicit need to have this knowledge valued and affirmed within a structured formal programme of learning. Preceptor PHN's emphasize their perception of practicing as a preceptor in the community setting, highlighting the volatile nature of the community caseload and the difficulty of planning appropriate learning opportunities to meet student needs. Additionally, participants identify the nature and effects of the sometimes intense close relationship that can develop between preceptor and learner. One of the main categories identify an overwhelming need for support and recognition of the preceptor role through effective communications and improved liaison between university, management and practice. This issue was perceived as paramount in acknowledging participants need for personal reward and validation of their commitment to the preceptor role. Equally significant was a clear expression of the participant's need for structured guidance/mentorship. This was perceived as part of their life long learning

needs enhancing and enabling the preceptor role in the community setting.

Recommended reading:

- Hanafin, S. (1997a). The role of the Irish public health nurse, manager, clinician and
- Myrick, F. and Yonge, O.J. (2001). Creating a climate for critical thinking in the
- Kelly, C., Cowell, J.M. and Stevens, R. (1997). Surveying public health nurses

10.4.3 Improving the quality of careers advice and guidance provided for registered nurses and midwives

Amelia Sawyer, Researcher, Department of Nursing & Midwifery, Keele University, Stoke on Trent, England. Co authors: Barbara King & Helena Priest

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Abstract:

The remit of the project was to investigate the quality of careers advice and guidance provided for registered nurses and midwives working in the secondary care sector throughout Shropshire and Staffordshire, and to recommend ways of developing resources to address the needs of both nurses and midwives at all stages of their careers. The population was surveyed using two postal questionnaires, one aimed at all registered nurses and midwives employed in secondary care settings, the second targeting professional and line managers who occupy positions where they may be called on to offer careers advice and guidance in the same setting. Three focus groups supplemented the information obtained from the two questionnaires. A strong theme across all the data was that careers advice and guidance is a two way responsibility. The participants suggested that it was important that both the individual and management had responsibility for professional and personal development, and this would facilitate good careers support. Suggestions for resources to provide careers support included the employment and training of specific individuals to provide career guidance and the availability of better information regarding career options and educational courses in both printed and electronic formats. A number of recommendations have been made to improve the careers support in Shropshire and Staffordshire, which are generalisable to other areas and settings, with the overriding recommendation being that there should be an investment by the Workforce Development Confederation in a careers support service for nurses and midwives working in Shropshire and Staffordshire and this service should provide leadership for a variety of resources.

Recommended reading:

- Department of Health (1995) Career Pathways. Nursing, Midwifery & Health Visiting. London: DOH.
- Department of Health (2000) Improving Working Lives: standard NHS employers committed to improving the working lives of people who work in the NHS. London: HMSO.
- Department of Health (1998) Working together – securing a quality workforce for the NHS. London: HMSO.

10.4.4 Using a longitudinal design to investigate the association between diplomats' job satisfaction and likelihood of nursing at time points in the future

Trevor Murrells, Unit Statistician, Nursing Research Unit, King's College London, England. Co author: Sarah Robinson

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Abstract:

The relationship between nurses' job satisfaction and retention has been the subject of much research, given its potential to inform the development of human resource management strategies aimed at improving retention levels. This paper investigates diplomats' perceptions of the quality of their working life, ascertains whether certain aspects of job satisfaction predict diplomats contribution in terms of time spent in nursing and their likelihood of nursing at time-points in the future, and how these vary by branch. This research comprised part of a longitudinal study of the careers of qualifiers from the four branches of the diploma course. Four nationally representative cohorts were recruited: a census for learning disability (264) and child (703) branches; a two-thirds sample of the mental health (678) and a one-third sample of the adult (1832) branches. Participants were sent questionnaires at qualification, six months, 18 months and three years. The job satisfaction question comprised 34 items and was designed on the basis of literature reviews and development work with pilot cohorts. The analysis involved exploratory factor analysis to identify constructs of job satisfaction and confirmatory factor analysis to test the stability and overall fit of the measurement model over time. Composite factor scores were generated and used as independent variables in subsequent statistical models. Findings are presented on: the extent to which satisfaction changes across time and between branches; the relationship between constructs and time spent in nursing and the likelihood of nursing at five and ten years. Diplomates were least satisfied with pay and most satisfied with working relationships. Satisfaction with relationships was related to likelihood of nursing in the future. The implications of the findings for human resource strategies at the level of work settings, NHS trusts and nationally are considered, together with directions for further work on developing measures of job satisfaction.

10.5.1 Families, nurses and doctors in critical care: Deciding or suffering at the end of life?

Deborah Sundin-Huard, Lecturer, School of Nursing & Midwifery, University of Newcastle, Newcastle, Australia

✉ Deborah.Sundin-Huard@newcastle.edu.au

Abstract:

The health care system has, in many respects, been developed to oppose suffering. Yet health care's almost compulsive urge to treat death as the enemy and to battle disease and injury with all available technology unavoidably results in suffering (Callahan, 2000). Suffering is an inherent aspect of the human condition (Pollard 2000). For the most part, such experiences are unpredictable and unavoidable. I would argue though, that it is when predicable additional suffering is not avoided or

ameliorated, for instance in critical care situations, that frustration, anger and despair occur; adding to the suffering which is inherent. I have been particularly concerned with recognising and ameliorating avoidable suffering; i.e. that suffering which occurs in addition to that which is inherent in the decision-making at the end-of-life in critical care. This project developed a modification of Denzin's Interpretive Interactionism (Denzin, 1989) to apply a critical lens to the interactions between the key stakeholders in end-of-life decision-making in critical care. The key decision-makers, six relatives, six nurses and six doctors came from a variety of critical care units in South-East Queensland and New South Wales, Australia. Data was gathered using semi-structured interviews and transcripts were converted into narratives. Using this critical lens analysis focussed on the interactions (and gaps and silences) between the decision-makers at the key moments of decision-making: initiation, maintenance or withdrawal of life-sustaining treatments. This project has found that the amelioration of avoidable suffering in the critical care environment related to end-of-life decision-making requires policy and procedural changes at the organisational level. Using case studies drawn from this recent project, this paper will outline the recommendations for practice arising from this research. Keywords: Critical care, suffering, decision-making

Recommended reading:

- Callahan, D (2000): Death and the Research Imperative. New England Journal of Medicine 342(9), 654-656.
- Pollard, B (2002): The Principles of Palliative Care. Copy Centre, Newcastle.
- Denzin, Norman, K (1989): Interpretive Interactionism. 1st, 4th printing ed. Sage Publications, London, Newbury Park (California).

10.5.2 The lived experience of loneliness among people with life-limiting illness: The results of a doctoral study

Robert Brown, Lecturer / Researcher & Practice Development Facilitator, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland.
Co authors: Kate Sullivan & Kader Parahoo

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Abstract:

Object of the study: The purpose of this doctoral study was to gain some understanding of loneliness as experienced by people with life-limiting conditions. The phenomenological texts of Merleau-Ponty (1962), Heidegger (1927) and Gadamer (1975) provide the philosophical framework for this human science study.

Method used and results: Human science research involves description, self-reflection and interpretation. It is fundamentally a writing activity with research and writing aspects of one process, rooted in philosophy as reflective disciplines. Following ethical approval and purposeful sampling, data has been collected through the use of in-depth and repeated phenomenological conversations with each of the 16 participants (8 males, 8 females, ranging in age from 43-80 years). Fourteen of the participants have cancer, one has chronic emphysema and one has AIDS. In this paper the results of the study will be presented. A range of modalities or patterns of

loneliness have emerged from the analytic and interpretive phase of the study, such as:

- Loneliness as disconnectedness
- Loneliness as a body experience
- Loneliness as a place lacking intimacy
- Loneliness as abandonment
- Loneliness as a burden being carried
- Loneliness-in-illness as different from loneliness-in-health
- Loneliness as needing to withdraw.

Conclusion: The study indicates that loneliness as it relates to end-of-life situations is an existential phenomenon that can have a major impact on the well-being of persons. Loneliness can have either negative or positive consequences, but most likely has the potential to result in the loss for individuals of social and emotional selfhood. A full presentation of results and implications for practice, education and future research will be offered. In concluding, the place of phenomenological inquiry within palliative care research and practice development activity will be supported together with a claim supporting a means of developing a phenomenology of practice.

Recommended reading:

- van Manen M (1997) Researching lived experience, Philadelphia, Althouse Press
- Heidegger M (1927/1978) Being in Time, London, Blackwell Publishers
- Merleau-Ponty (1962) Phenomenology of Perception, New York, Routledge Classics

10.5.3 The improvement of cancer patient's insight into their disease following the intervention of the hospital palliative care team

Barbara Jack, Senior Lecturer, Department of Health Studies, Edge Hill College/Marie Curie Centre Liverpool, England

✉ jackb@edgehill.ac.uk

Abstract:

Background: It is reported that cancer patients want as much information as possible about their diagnosis and prognosis (Jenkins et al 2001; Fallowfield et al 2002). This input regarding patient's insight into their disease is undoubtedly a major part of providing optimal palliative care. Despite this there is little information regarding the impact of hospital based palliative care teams. The aim of this study was to assess the effect of the hospital palliative care team on cancer patient's insight to their disease.

Methodology: An evaluation study comprising a non-equivalent control group design, using a quota sample, investigated 100 cancer patients admitted to hospital for symptom control. 50 patients received hospital palliative care team intervention compared with 50 patients receiving traditional care. Outcome was assessed using the PACA assessment tool on 3 occasions (within 24 hours of admission/diagnosis or referral to the team, day 4 and day 7) measuring the patients self reported understanding of their illness (Ellershaw et al 1995). Additionally a qualitative approach including 31 semi structured interviews with doctors and nurses to explore their perception of the palliative care team impact on cancer patient's insight into their disease was undertaken.

Results and Discussion: The results indicated that cancer patients admitted to hospital for symptom control demonstrated an improvement in their insight to their diagnosis ($p < 0.01$). Those patients who had the additional input of the palliative care team had a greater improvement in their insight scores (between initial and final assessments) from 3.98 to 2.02 (mean score), compared to the standard care group that displayed an improvement from 4.86 to 4.26. This input was reported by the doctors and nurses as being invaluable for the patients. Potential explanations are made for these results including the enhanced communication skills of the palliative care team are explored.

Recommended reading:

- Ellershaw J, Peat S, Boys L (1995) Assessing the effectiveness of a hospital palliative care team. Palliative Medicine 9:145-152.
- Jenkins V, Fallowfield L, Saul J (2001) Information needs of patients with cancer: results from a large study in UK cancer centres. British Journal of Cancer 84 (1), 48-51
- Fallowfield L, Jenkins V, Beveridge H (2002) Truth may hurt but deceit hurts more: communication in palliative care Palliative Medicine 16: 297-30

10.6.1 Ethical decision within caring-healing praxis: Giving voice to moral consciousness

Carol Kirby, Senior Lecturer in Nursing, School of Nursing, University of Ulster, Derry, Northern Ireland

Abstract:

Introduction: Human life is essentially vulnerable in that existence, particularly at times of illness, is deeply dependent upon others to provide assistance. The taken for granted, "I can" often becomes "I can't". The experience of being ill often places one in a care-requiring existential situation. The patient needs to be, wants to be understood. Being understood limits powerlessness; it generates healing. In recognising that human vulnerability is not morally neutral, the important is that the patient's voice is heard and understood. What the patient values has profound moral significance. Philosophical reflection: The fragility of life is recognised and protected within life-affirming healthcare rights and the ethical obligation for healthcare professionals to realise informed skilled care. In the contemporary world of healthcare, there is compelling need, expectation and moral imperative for caregivers to provide compassionate caring practice. The crucial challenge to transformative caring practice from potentially depersonalising, modern technologised healthcare systems is averted through deep understanding of what it means to be human, moral conviction, the exercise of practical ethical judgement and personal interpretation. Within essential ethical dialogic relation, the generative healing action of nursing arises and is sustained. Potential to alleviate human suffering, to preserve and safeguard life and health, when possible, is engaged. Nursing relation aims to discover meaning, create hope, belief in self and other and realise human potential. Between nurse and patient is the ethical space where possibility and potential are generated and sustained. The paper proposes that the patient's and nurse's narrative-the care-requiring and care-giving existential voice- is inextricably interwoven within essential ethical interaction. **Conclusion:** The framework for ethical decision-making emerging from the inquiry encompasses an existential and compassionate awareness of the person, principles to enable rather

than determine life choice and, dialogic communicative action between nurse and patient in living moments of care.

Recommended reading:

- Edwards, S.D. (2001). *Philosophy of Nursing: An Introduction*. Palgrave, New York.
- Watson, J. (1999). *Postmodern Nursing and Beyond*. Churchill Livingstone, Edinburgh.
- Kirby, C. (2003). *Commitment to Care: A Philosophical Perspective on Nursing*. In Basford, L and Slevin, O. (Eds) *Theory and Practice of Nursing: An Integrated Approach to Caring Practice*. Cheltenham, Nelson Thornes.

10.6.2 Adopting the cloak of competence: A strategy for surviving the journey to professional nursing practice

Tim Clark, Senior Lecturer in Nursing, Department of Adult Nursing Studies, Canterbury Christ Church University College, Canterbury, England

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Abstract:

This paper presents some of the findings from a qualitative study of the development of competence in newly qualified nurses within a General Hospital setting. The three-stage study used focus groups and concept analysis to identify a model of competence and this was explored using observation and individual interviews with nurses and preceptors. The newly qualified nurses did not generally feel ready for professional practice at the point of registration. The main factors which influenced the development of competence were identified as the differing models of staff development, the nature and level of support, the context of care, the profile of specialist and core knowledge and skills and 'confidence'. The journey to professional practice is potentially scrutinised by a number of gatekeepers, although this scrutiny has been seen to be flawed on occasions (Duffy, 2004). Duffy has identified that some nurses 'fail to fail' underperforming students thereby sanctioning their progression to professional practice. Students on seeking Registration have to declare they are ready for practice (NMC, 2002) and, despite not feeling ready, they mask this and may adopt a 'cloak of competence' to limit exposure. Although the study identified that the role of a supportive environment with feedback, support, and challenge from a period of preceptorship eased the period of transition and helped the socialisation to the role as staff nurse, it has also identified that not all new staff had full preceptorship. As recognised in other studies, the nurses lacked some knowledge and skills. They were however working under some pressure and this has implications for the opportunity to rectify these shortfalls. In the absence of further scrutiny in preceptorship, weaknesses in practice could go unnoticed. The presentation will discuss the findings in the light of the NMC position on incompetence (NMC, 2004) and the future skills profile.

Recommended reading:

- Duffy K (2004) A grounded theory investigation of factors which influence the assessment of students' competence to practice. NMC website www.NMC.org (site accessed June 8th 2004)
- Nursing and Midwifery Council (2004) *Reporting lack of competence: A guide for employers and managers*. London: NMC

- Nursing and Midwifery Council (2002) *Code of Professional Conduct*. London: NMC

10.6.3 Issues for professional doctorates: through the eyes of consultant nurses and midwives

Kathleen Galvin, Head of Research, IHCS, Bournemouth, England. Co author: Eloise Carr

✉ kgalvin@bournemouth.ac.uk

Abstract:

In England and Wales the early cohorts of Nurse Consultants were highly qualified and experienced individuals (Guest et al, 2001). The role aspired to strengthen leadership in nursing, to retain experienced nurses and midwives in practice and to improve patient outcomes by enhancing service delivery. Adkins and Forester (2002) state that 65% of Nurse Consultants have a higher degree. This study builds on previous work which explored the characteristics of current UK professional doctorate programmes in the UK (Galvin & Carr 2002). This paper explores how consultant nurses and midwives viewed doctoral education, with particular reference to desirable attributes, difficulties and aspirations for doctoral study. At the time of the study in the late winter of 2002 we were able to access a sample through a national database of Consultants Nurse/midwives. Four hundred questionnaires, with a covering letter, were subsequently included with a standard mailing from the Department of Health. Data was collected via postal questionnaire which comprised three key areas; demographic data, experiences of doctoral education and aspirations pertaining to doctoral education. The questionnaire used ranking, Likert scales and 'open' questions to elicit views. SPSS was used to analyse closed questions and content analysis for the open-ended questions. A total of forty five questionnaires were returned from consultant nurses, with a disappointing response rate of 16.5%. This papers reports on these findings in terms of the factors which were particularly important to these respondents. In addition qualitative data from open-ended questions highlights their aspirations to doctoral education and some of the difficulties they perceive. This study gives a fresh perspective of the views of consultant nurses on doctoral education and highlights important issues that need to be considered as doctoral education comes under increasing scrutiny. Word count 287 Bibliography Department of Health (1999) HSC/1999/217 Nurse, midwife and health visitor consultants: establishing posts and making appointments. London Learning objectives: Recognise the wider political context for curriculum development in doctoral education. Understand the multifactorial issues affecting professional doctorate students. To understand the evolving place of doctoral education as a staging post in career pathways

Recommended reading:

- Adkins C. Forester S. Labour relations update. Major study into nurse consultant post reviewed. *Community Practitioner*. 75(3):109, 2002 Mar. (4 ref)
- Guest et al (2001) A preliminary evaluation of the establishment of nurse, midwife and health visitor consultants. Report to the Department of Health. King's College London. www.kcl.ac.uk/depsta/pse/mancen/research [accessed December 2001]

- Galvin K & Carr E (2002) The emergence of professional doctorates in nursing in the UK: where are we now? *Nursing Times Research* 8(4): 2-16

10.6.4 An exploration of innovative nursing and midwifery roles within Northern Ireland's HPSS

Robby Richey, Research Associate, School of Nursing, University of Ulster, Co Antrim, Northern Ireland. Co authors: Sinead Keeney, Felicity Hasson, Hugh McKenna, Brenda Poulton, Marlene Sinclair & Paddie Blaney

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Abstract:

Background: Developments in clinical practice and health care policy have led to the introduction of innovative nursing and midwifery roles across a range of specialisms throughout the UK. In response, the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) has designed a Development Framework for Nursing and Midwifery which seeks to promote good practice in relation to changing and developing roles that are safe, robust and co-ordinated. The findings of the study will inform this emerging

Development Framework.

Aim: The aim of the study is to conduct an exploration of innovative nursing and midwifery roles and the associated levels of practice, across the 18 Health and Social Services Trusts and four Health and Social Services Boards in Northern Ireland. **Method:** Using a mixed method approach, the design reflects that used in the ENRIP project (Read, 2001). This was structured into three key stages; firstly 26 management level interviews, a survey of over 450 innovative post holders identified in Northern Ireland, and finally 4 in-depth case studies in different specialist areas.

Findings: Results reflect the wide range of innovative roles and extended practices undertaken by nurses and midwives in Northern Ireland. Findings also illustrate the perceptions of senior managers towards innovative roles and of the post holders themselves. It is also evident that there is variation in the areas of innovative development and a lack of regional co-ordination is apparent.

Conclusions: This study identifies the activities that innovative post holders undertake and provides illustrations of effectiveness and value for health services from both a professional and a managerial perspective. The findings highlight the need for further investigation and co-ordination between operational, service commissioning and strategic organisations to determine the perspective of the patient towards these new roles and to ensure future development of nursing and midwifery practice

Recommended reading:

- Read, S., Lloyd Jones, M., Collins, K., McDonnell, A., Jones, R., Doyle, L., Cameron, A., Masterson, A., Dowling, S., Vaughan, B, Furlong, S., Scholes, J. (2001) *Exploring new roles in practice: implications of developments within the clinical team (ENRIP)*

10.7.1 Modern Matron implementation: Perceived outcomes reported by trust directors of nursing

Mick Ashman, Nursing Lecturer, Acute & Critical Care, University of Sheffield, Sheffield, England. Co author: Susan Read

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Abstract:

In April 2001 the Department of Health called for the creation of modern matron posts (DH 2001) all NHS organisations responsible for wards. These were described as easily identifiable, highly visible and authoritative figures, to whom patients and their families could turn for assistance and support and on whom they could rely to ensure the fundamentals of care were right. Funded by the Department of Health Policy Research Programme, a one year, two-part study received MREC approval early in 2003. Its aim was to evaluate the implementation of the modern matron initiative. An England-wide postal survey of Directors of Nursing was followed by case studies in 10 Trusts. This presentation focuses on a content analysis of the perceived positive and negative outcomes of the implementation of the matron initiative on nursing services and on health care organisations more widely, as identified by their Directors of Nursing. Questionnaires were sent to all Directors of Nursing in all Trusts and PCTs in England (N = 545) between April and June 2003, the response rate following one reminder was 76%. Two hundred and seventy two (66%) of Directors of Nursing identified positive outcomes. The positive outcome most frequently identified related to nursing leadership (31%) followed by environmental improvements such as improved cleanliness (20%) and better handling of complaints (18%). Fewer Directors of Nursing, 144 (35%) identified negative outcomes. The most frequently reported was lack of clarity regarding the matron role (49%) followed by concerns that the new posts might compromise the roles and responsibilities of existing nurse managers (25%). The paper describes the method used for content analysis and discusses the perceived outcomes in the context of evidence gathered in the ensuing case studies. It will contribute to the on-going debate about how to achieve optimum care for patients.

Recommended reading:

- Department of Health (2001). Implementing the NHS plan – Modern Matrons. Health Circular HSC2001/010, April 2001.

10.7.2 Making the art of nursing visible

Clare Whitten, Student Nurse, School of Nursing & Midwifery, Robert Gordon University, Aberdeen, Scotland. Co authors: Colin Macduff & Bernice West

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Abstract:

The notion of “the art of nursing” is widely used but has proved difficult to articulate (Johnson 1994). This paper reports findings from the first phase of a research study which is investigating the art of nursing and how it can be made visible. The first phase of concept analysis has been informed primarily through a systematic literature search using CINAHL, Medline, BNI, ASSIA, SSCI and AHCI electronic databases. Scrutiny of the abstracts

and/or full text of the 192 articles which had the art of nursing as their main focus led to identification of an initial 12 categories relating to type of article and topic area. Further analysis focused on the question :what is the art of nursing? This showed that definitions in the literature are diverse but are characteristically concerned with issues of location, aspiration and implementation. The paper will explain and exemplify these issues. A focus group interview with a group of seven lecturers in nursing was subsequently used to explore the same principal question. This raised a number of issues which challenged assumptions found in the literature, such as the art of nursing necessarily equating with good nursing. The focus group also generated a number of ideas about how the art of nursing might be made visible. The latter goal will be the focus of the second phase of the study. However the first phase has indicated the need for more empirical research into the concept by involving clinical nurses, patients and artists. Furthermore it is contended that the literature tends to neglect the importance of context and the motivation of individual nurses. In this regard the paper will argue for the usefulness of March and Simon (1958)'s distinction between satisficers and optimizers. This will move forward the work of realising and representing the art of nursing.

Recommended reading:

- Johnson, J (1994) A dialectical examination of nursing art *Advances in Nursing Science* 17 (1) 1-14
- Wainwright P (1999) The art of nursing *International Journal of Nursing Studies* 36 379-385
- March, J and Simon, H (1958) *Organisations*. New York: John Wiley

10.7.3 Technician or artisan?: Nurses' experience of practising within a randomised controlled trial

Lucy Simons, Research Fellow, School of Nursing & Midwifery, University of Southampton, Southampton, England. Co author: Judith Lathlean

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Abstract:

Background: In the discourse of evidence based practice research evidence, specifically that from randomised controlled trials, is often regarded as the best quality of evidence. To this end many health technologies, including psychological treatments, are evaluated using experimental studies, with nurses often being asked to deliver the new interventions under controlled conditions. But what is it like for nurses to practice within a controlled trial setting? A trial was commissioned to evaluate problem solving therapy and non-specific therapy by community mental health nurses (CMHNs) compared to care by general practitioner for common mental health problems (CMHPs) in primary care (Simons, RCN Research Conference 2004). This paper reports on the findings from the accompanying study which was concerned with the nurses' experience within the trial.

Aim: To understand the experiences of community mental health nurses treating people with common mental health problems in the context of a treatment trial.

Design: A naturalistic case study design conducted alongside a randomised controlled trial. Data were generated by interviews with trial CMHNs and the

analysis was a dual approach incorporating thematic content and narrative analysis.

Participants: Total population sampling of the 24 CMHNs with experience of treating people with CMHPs in the trial was achieved. **Results:** The trial created considerable tensions for the nurses. Their goal in the nurse-patient encounter was to bring about positive change for the patient. By preference the nurses approached the encounter in a patient-centred way and drew on their 'professional craft knowledge' (Titchen 2000) to accomplish change. However, the trial expected nurses to approach the encounter in a treatment-centred way and placed them in the position of technician.

The findings of this study contribute to the argument that the discourse of evidence based practice, with an overemphasis on science, overlooks the value of practitioner's professional knowledge.

Recommended reading:

- Titchen A (2000) *Professional craft knowledge in patient-centred nursing and the facilitation of its development* Ashdale Press Kidlington

10.7.4 Exploring the research and development culture in a Northern Ireland health trust

Paul Slater, Research Associate, Department of Nursing, University of Ulster, Belfast, Northern Ireland. Co author: Brendan McCormack

✉ pf.slater@ulster.ac.uk

Abstract:

Purpose of the study: Nurses are morally, legally and professionally obliged to seek and employ the best available evidence to inform practice. To facilitate this, nurses must have sound research knowledge, be willing to implement change where appropriate and be empowered to do so. This study ascertained nurses' willingness and capacity to develop practice through the utilisation of sound research knowledge and identify potential areas of intervention to promote research utilisation.

Sample and methods used: A random sample of registered nurses (n=1250) in a Northern Ireland Health Trust was surveyed using the Research and Development Assessment Tool (Clarke et al 2000). The tool comprises an 18-item, 4-point Likert scale with proven statistical measures of internal reliability. Participants research and development capacity were explored through the 18 items and three underlying constructs: Context, Knowledge and Intent to Use information. A response rate of 39% (n = 481) was achieved.

Findings were compared across nurse grade and age. **Findings:** Overall nurses scored their research knowledge, ability to change practice and intention to use research in practice development positively. Paradoxically lower grade nurses ('D' and 'E' grade) had a better understanding of how to conduct research and how to scrutinise findings yet they feel less empowered to change practice and are less likely to do so. Higher-grade nurses ('G' and 'H') wish to change practice and feel empowered to do so but do not have the best knowledge to do so. These differences were at a level of significance statistically ($p < 0.05$).

Implications / applications: The results highlight a paradox in nurses' knowledge and practice that prevents the application of Evidence Based Practice, to the detriment of patient care. Long-term organisational and/or educational changes are required to standardise research knowledge, promote a sense of

empowerment and encourage practice development among all grades of nursing staff.

Recommended reading:

- Clarke C. Swallow, V. Scurfield, M., & Schuster, G. (2000). Appraising Nursing Research and Development Culture. RCN Research Society International Nursing Conference Sheffield.

10.8.1 What makes a good 'first contact' nurse in primary care? A national study of patient perspectives and nurse aspirations

Kate Bonsall, Research Fellow, School of Healthcare Studies, University of Leeds, Leeds, England. Co authors: Francine Cheater, Robert McMurray, Brenda Leese, Catherine Gill & Roderick Sutcliffe

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Abstract:

Background: Expansion of nursing roles is one policy response to increasing service demands and national targets for fast and convenient access to quality provision in the NHS (DoH 2000; DoH 2002). Nurses in primary care are in the vanguard of new developments in 'first contact' services. This radical reorientation of frontline primary care nursing is underway in the absence of any systematic in-depth evidence on what constitutes good 'first contact' nursing from the perspective of users (i.e. patient defined access, experience and outcomes, particularly for disadvantaged population groups) or nurses (identity, autonomy, retention and career progression).

Aim: To provide new evidence on how patients and practitioners define and experience good 'first contact' nursing in relation to minor illness, preventative care and chronic illness management in general practice settings.

Methods: This Department of Health funded study comprises two phases: i) a national survey of first contact nursing services in Primary Care Trusts (PCTs) in England; and ii) an in-depth examination of first contact consultations across 20 practices in 10 PCTs involving telephone interviews with patients and practitioners. For phase 1, an electronic administered questionnaire will be sent to all nurse directors (or equivalent) in the 300 English PCTs. Questions will cover the number and type of nurse led services, and perceived effects on numerous variables including patient access and service quality. Data will be analysed using SPSS (version 11). The survey findings will provide the first ever taxonomy of the extent, nature and configuration of provision in general practice and also a basis for sampling PCTs and practices for the second phase of the study.

Results: The results of phase 1, including a taxonomy of nurse-led first contact care in general practice settings, will be presented. The implications of the findings in relation to current policy for modernising the NHS will be discussed.

Recommended reading:

Department of Health (2000). The NHS Plan: A plan for investment. A plan for reform.

Department of Health (2002). Liberating the talents: helping Primary Care Trusts and nurses to deliver the NHS Plan.

10.8.2 Nursing staff provision on a neuro-rehabilitation unit. How does it compare to community care provision?

Heather Williams, Research Fellow, Regional Rehabilitation Unit, North West London Hospitals NHS Trust, London, England. Co authors: Lynne Turner-Stokes & Ruth Harris

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Abstract:

The Northwick Park Community Care Needs Assessment tool (NPCNA) derives care need hours for patients as they are discharged from the neuro-rehabilitation unit, based on nursing dependence indicated by the Northwick Park Dependency Score (NPDS). The NPCNA is a valid and reliable tool (Turner-Stokes et al.; 1999) and sensitive to change within the community setting (Nyein et al.; 1999). However, although it is well embedded in routine practice in the neuro-rehabilitation unit, there is no equivalent tool to assess in-patient rehabilitation nursing requirements in terms of hours of care and skill mix. This would be advantageous to improve manpower planning and cost effectiveness on the unit. Community and hospital care provision and organisation of nursing workload naturally differ, with community care focussing on one client at a time for a pre-determined time allocation, while in-patient facilities allow multi-tasking for a group of patients at any given time. However, despite these known differences, it was unclear which areas of the NPCNA would be transferable to the in-patient setting, or could be adapted to provide an accurate reflection of in-patient workload. An exploratory, retrospective study was conducted to establish if the NPCNA predicted care hours mirrored the current allocation of nursing staffing hours within the neuro-rehabilitation unit. Comparisons between the total timetabled hours of care for all patients, as predicted by the NPCNA, and the number of available nursing hours (including ward based and temporary staff) was reviewed during a 6-month period. Data analysis identified peaks and troughs in care hour requirements throughout the day as predicted by the NPCNA, with greater care hours needed in the morning and evening; this was also reflected in the available nursing hours for the same time period. The study findings will be discussed in detail in the presentation highlighting potential areas for further research.

Recommended reading:

Turner-Stokes, L., Nyein, K., and Halliwell, D. (1999) The Northwick Park Care Needs Assessment (NPCNA): a directly costable outcome measure in rehabilitation. *Clinical Rehabilitation*, 13, 253-267

Nyein, K., Turner-Stokes, L. and Robinson, L. (1999) The Northwick Park Hospital care needs assessment (NPCNA): a measure of community care need; sensitivity to change during rehabilitation. *Clinical Rehabilitation*, 13, 482-491

10.8.3 Nursing models and self-concept in patients with spinal cord injury. A comparison between UK and Taiwan

Chen Hsiao-Yu, Lecturer in Nursing, Chung-Tai Institute of Health Sciences & Technology, Taichung, Taiwan. Co authors: Jennifer Boore & Frank Mullan

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Abstract:

At present each year between 750 and 1000 people experience a new spinal cord injury in the UK while the observed average annual number of new cases is 1000 in Taiwan. Spinal cord injury is one of the most disastrous injuries a person may experience. Following such injury, all aspects of self-concept are threatened. The Roy and Andrews Adaptation Model is the only nursing model which defines self-concept - physical self and personal self. Payne and Walker propose that self-concept is composed of self-image and self-esteem. This study aims to investigate nursing models used in spinal cord injury rehabilitation nursing in relation to self-concept, a comparison between UK and Taiwan was carried out. It examines how rehabilitation nurses perceive their role in assessing the alteration of self-concept and the interventions they use in helping patients to develop a more positive perception of themselves. A critical review of common models in use was undertaken including Roper, Logan and Tierney's Activities of Living Model, Roy's Adaptation Model and Orem's Self-care Deficit Nursing Theory. A nursing framework has been developed for rehabilitation nursing. Data was collected by questionnaire. A questionnaire was used to compare the difference in Taiwanese and UK nurses' awareness of changes in self-concept, difficulties in assessing self-concept, nursing interventions, and use of nursing models with spinal cord injury patients. Questionnaires were sent to a total of 110 registered nurses working in spinal cord injury nursing in the UK and Taiwan. The response rate was 61%. The findings indicate that rehabilitation nurses are aware of the alteration in self-concept for patients with spinal cord injury. Although nursing interventions include physiological, psychological and social aspects of care, nurses do not feel that current nursing models are useful in spinal cord injury nursing and tend to support the specially designed model.

Recommended reading:

- Roy, C. & Andrews, H. A. (1991) The Roy adaptation model: the definitive statement. London: Prentice Hall International (UK) Limited.
- Orem, D.E. (1995) Nursing concepts of practice. (5th ed.). St. Louis: Mosby.
- Roper, N., Logan, W. W. & Tierney, A. J. (1996) The elements of nursing - a model for nursing based on a model of living. (4th ed). Edinburgh: Churchill Livingstone.

10.9.1 Men's decision making about using health services: A case of Bradford

Alan White, Professor of Men's Health, School of Health & Community Care, Leeds Metropolitan University, Leeds, England. Co author: Keith Cash

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Abstract:

The health of men is increasingly seen as problematic (White & Cash 2003). In response by practitioners to the relatively poor health of men, there has been a rapid increase in number of new projects and initiatives that are being set up. However it can be argued that it is an under-researched area resulting in a weak evidence base for practice (White & Cash 2004). Bradford, which is recognised as an area of high inequalities in health, has recently been funded for work on Men's Health through the New Opportunities Fund. This five year initiative consists of developing innovative projects aimed at improving the access of men to health services lead by the Bradford Health of Men group (www.healthofmen.org). This paper will report on stage one of a five year research project, which has focused on four different locations with each project comprising a different 'case', the projects including work with young men, manual workers and members of ethnic minorities. The aim of this research is to provide a deeper understanding of the decision making processes determining why men choose to access these alternative sources of health care and how these processes affect their interaction with more traditionally organised health services. The study is qualitative in approach using a case study design. This paper reports data consists of 50 structured and unstructured interviews with service users and the Health of Men team. Also field-notes of observations relating to the interactions between the men and the health workers will be reported. The results will be presented under the headings of male strategies and negotiations, the primacy of setting and the key skills required of workers in the area. The paper will conclude with suggestions as to how practice can be developed in relation to targeting men.

Recommended reading:

- White, AK & Cash, K (2003) The state of men's health across 17 European Countries. Brussels, The European Men's Health Forum ISBN 1 – 898883 – 94 – 7
- White, AK & Cash, K (2004) The state of men's health in Western Europe. *Journal of Men's Health & Gender* 1:60-66

10.9.2 Critical creativity: A new paradigm within critical Research?

Angie Titchen, Senior Research & Practice Development Fellow, RCN Institute & Clinical Chair, Evidence-Based Practice, Fontys University, The Netherlands. Co author: Brendan McCormack

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Abstract:

Alone on the edge Melding, exploding, blending Critical creativity Challenge: It is bold to confront an established research paradigm and propose a new one. In this paper, we expose our challenge for critical review and public scrutiny. Background:

We work within a critical social science paradigm, through engagement in emancipatory action research studies and collaborative inquiries in nursing and health care. In justifying our methodologies philosophically (melding), we have questioned whether critical social science provides sufficient epistemological and ontological support for the research approaches we are developing. Methodology includes: Undertaking a scholarly analysis of the philosophical starting points of key research paradigms. Being reflexive about our qualitative research practices to gather empirical data through a combination of critical dialogue and creative arts media, such as, painting, clay-modelling, drama, poetry and fantasy writing. Presenting our analyses to international groups of researchers, theorists and practitioners for critique, contestation and debate. Thus, we have de-constructed (exploding) critical social science as an underpinning for our research and begun to re-construct a new paradigm – critical creativity - within critical social science, to support our work (blending). Findings: Fay's (1987) eight theories of a critical social science miss the nature of the creative, transformative work in which we are engaged. We propose the addition of a ninth critical social science theory, called critical creativity. Critique: We will present our proposed ninth theory to the conference to begin a wider critique, contestation and debate. After refinement, we will test the theory, using creative approaches and critical debate, with international researchers, practice developers, philosophers and theorists. Implications: Major for all critical social scientists. The theory offers new ways for health care practitioners to transform themselves, individuals, teams/groups, cultures, organisations, communities, and to generate theory simultaneously, for the purpose of delivering person-centred, evidence-based care.

Recommended reading:

- Fay B. (1987) *Critical Social Science: Liberation and its Limits*, Polity Press/Blackwell Science, Oxford.
- McCormack B. (2001) The Dangers of Missing a Chapter. *Journal of Reflective Practice*, 2 (2) 209-219.
- Higgs, J. & Titchen, A. (eds) 2001, *Professional Practice in Health, Education and the Creative Arts*. Blackwell Science, Oxford.

10.9.3 Age and symptom attribution influence delay in seeking help patients experiencing acute myocardial infarction

Linda Perkins-Porras, Research Nurse/PhD Student, Department of Epidemiology & Public Health, University College London, England. Co authors: Daisy Whitehead, Philip Strike & Andrew Steptoe

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Abstract:

Background: Prompt treatment is essential for successful treatment for acute myocardial infarction (AMI). The main cause of delay is time taken for patients to call for medical help (patient delay).

Objectives: To investigate predictors of patient delay and time to receiving medical help in order to reduce improve effective delivery of treatment.

Design & Methods: Interviews and questionnaire assessments completed with 241 patients hospitalised for AMI within five days of admission (193

men and 48 women, mean age of 59.8 years, SD 11.08).

Analysis: Median patient delay was 45 mins, with 49.6% delaying under 1 hour. Median time to receiving medical help was 64.5mins with 60.5% of people receiving medical help within 1 hour, 68.1% within 2 hours and 13.4% waiting over 4 hours. A conditional logistic regression to predict patient delay found that of the demographic variables only age contributed significantly, with younger patients delaying longer. Illness variables including previous AMI, diabetes and hypertension, did not contribute significantly, and neither did psychological variables including cardiac denial of impact, locus of control and depression. However, an individual's attribution of their chest pain to having an AMI predicted shorter delay ($p=.001$), beyond the effect of age. Investigations of a subgroup of 132 patients, with more detailed information on pain-related behaviour independently showed no effect for pain intensity or number of symptoms, but a greater number of atypical symptoms produced shorter delay and increased likelihood that their GP would be their initial medical contact.

Conclusion: Younger patients may perceive having a heart attack as being an 'off-time' event whilst it may be an 'on-time' event for older patients, demanding more rapid and decisive action.

Recommended reading:

- O'Carroll, R.E, Smith, K.B, Grubb, N.R, Fox, K.A, Masterton, G (2001) Psychological factors associated with delay in attending hospital following a myocardial infarction *Journal of Psychosomatic Research* 51:611-614
- Dracup, K, Moser, D.K, Eisenberg, M, Meischke, H, Alonzo, A.A, Braslow, A (1995) Causes of delay in seeking treatment for heart attack symptoms *Social Science Medicine* 40:379-392
- Zerwic, J.J. (1999) Patient delay in seeking treatment for acute myocardial infarction symptoms *The Journal of Cardiovascular Nursing* 13:21-32

10.9.4 Prioritising care in clinical practice: Findings from a qualitative study

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Abstract:

Much nursing practice takes place in an environment that is inherently dynamic and unstable. Nursing in an Acute Hospital setting is, by its very nature, likely to be more variable and less predictable than many other clinical settings. Patients are more acutely unwell and consequently require a higher degree of nursing support. Additionally, the demand placed upon the nursing resource within such settings can often exceed the ability to provide such resources. In caring for their patients each nurse must manage their time in order to provide optimum levels of care and maximise patient outcomes. Imposing temporal order upon patient care implies that the nurse is prioritising care. As a nurse may have a caseload of up to 8-10 patients this means that decisions have to be made about the order in which individual patients are cared for. They may also have to include decisions in respect of various aspects of each patient's care. Gerrish (2000) and Runciman et al (1998,2000) have highlighted the importance of prioritising patient care and the difficulty that many newly qualified nurses have in this respect.

Drawing upon the findings from a qualitative study that examined priority setting in a purposive sample of learner (n=5) and trained nurses (n=5) within an Acute Medical setting, this paper will explore the concept of priority setting and argue that setting priorities of care is a key nursing skill for nurses. It will examine the strategies that nurses employ in determining such priorities of care, and potential barriers and facilitators to effective priority setting. It will conclude with a consideration of the ways in which nurses may enhance their priority setting skills through the development of critical thinking skills; expert role modelling; and the use of an active apprenticeship model of learning.

Recommended reading:

- Gerrish, K. (2000) Still fumbling along? A comparative study of the newly qualified nurse's perception of the transition from student to qualified nurse. *Journal of Advanced Nursing* 32(2): 473-480.
- Runciman, P., Dewar, B., Goulbourne, A. & Knani, A. (2000) The work of newly qualified staff nurses: perceptions of core skills. Edinburgh, Queen Margaret University College.
- Runciman, P., Dewar, B. & Goulbourne, A. (1998) Employers' needs and the skills of newly qualified Project 2000 staff nurses: final report to the National Board for Scotland. Edinburgh, Queen Margaret College.

11.15 - 13.15

Concurrent session 11

11.1.1 Psychological assessment and psychological needs in the post cerebrovascular phase

Kevin Moore, Lecturer in Nursing, Course Director BSc/BSc (Hons) Nursing, Mental Health Programmes & Lead Person Mental Health, University of Ulster, Londonderry, Northern Ireland. Co author: Kader Parahoo

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Abstract:

Every year in the UK, 110,000 adults and up to 250 children suffer from a cerebrovascular accident. A total of 60,000 deaths are recorded annually, representing over 8% of all deaths in men and 13% of all deaths in women. This qualitative explorative study aims to explore the perceptions of a purposive sample of nurses (n=6) and medical staff (n=1) of their ability to undertake psychological assessments and deliver psychological care in the post CVA phase. Data were collected through semi-structured interviews and focus groups lasting approximately one hour. Further, a random sample of medical and nursing case note documents (n=12) were utilised for data collection purposes. The results suggest that psychological assessments and psychological care were implicitly related to the twelve activities of daily living (Roper et al. 2000). Whilst practitioners were individualistic in their application of psychological care, overall it was unstructured and uncoordinated in its approach from both the nursing and medical perspectives. There was limited evidence to suggest that practitioners utilised a formal assessment tool, in the post CVA phase to assess psychological status, however, such utilisation was fragmented. There were no clear guidelines with respect to psychological assessments and psychological care in the post CVA phase. The recommendations from this study support the need for a more explicit, coordinated and structured approach to psychological assessment and psychological care in the post CVA phase. There is also the need for more rigorous adoption of the RCP (2002) National Clinical Guidelines for Stroke within such coordinated care, and in particular the need to refer patients for more specialised mental health services in accordance with the guidelines was identified. The nurses and medical staff need further support and educational training to enable them to respond to psychological assessments and psychological needs in a more responsive and interconnected way.

Recommended reading:

- Royal College of Physicians (2002) National Clinical Guidelines for Stroke Update 2002. Prepared by the Intercollegiate Working Party for Stroke. London, RCP.
- Millar, E.T. and Easton, K. L. (2000) Perceived losses following stroke. *Rehabilitation Nursing* 25 (5) 192-195.
- Wyller, T.B., Kirkevold, M., (1999). How does a cerebral stroke affect quality of life? Towards an adequate theoretical account. *Disability and Rehabilitation*. Vol. 21. No. 4. pp 152-161.

11.1.2 Opportunistic dialogue: Negotiating the social order in interdisciplinary stroke unit teams

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Abstract:

Working with other health professionals is an accepted part of modern healthcare practice. The process of team working however, is taken for granted and often misunderstood. Nurses will be a key part of the development of more flexible ways of working in health services of the future. Future healthcare workers will have to invest in collaboration and team working if they are to meet the complex and changing needs of the people they serve (Kendall & Lissauer, 2003). Despite many barriers and sources of potential conflict, effective interdisciplinary practice can be achieved and is associated with improved health outcomes in a number of areas (Borrill et al, 2003). This paper will outline a qualitative study of the process of team working in two stroke units in the North of England. The study adopted a grounded theory approach to develop an explanation of the ways in which different health professionals achieved team work in this setting. Data was generated through participant observation and semi-structured interview. The findings identify the ways in which team members overcame traditional professional boundaries and conflicts and negotiated the social order in the stroke units (Strauss, 1993). The core process which underpinned the negotiation of the social order was a process of opportunistic dialogue between team members, this dialogue was the principle means by which different professional ideologies, treatment preferences and goals were worked through during the course of each working day. This process of opportunistic dialogue was sustained through learning and working together over time and was the main mechanism through which collaborative interdisciplinary practice was achieved. The paper will examine the shift in thinking and culture from discrete disciplinary concerns to team dialogue and team thinking about the needs of patients and how these can be met collaboratively as opposed to separately.

Recommended reading:

- Borrill, C.S. Carletta, J. Carter, A.J. Dawson, J. Garrod, S. Rees, A. Richards, A. Shapiro, D. West, M.A. (2003) The effectiveness of healthcare teams in the National health Service. Aston Centre for Health Services Organisation Research: Aston University,
- Strauss, A. (1993) *Continual Permutations of Action*. Aldine De Gruyter: New York.
- Kendall, L. Lissauer, R. (2003) *The Future Health Worker*. Institute of Public Policy Research: London.

11.1.3 The lived experience of gaining approval to undertake a research project

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Abstract:

The number of nurses with doctorate qualifications is comparatively small to those of other professions. The new NHS research governance agenda is in its infancy and attempts have been made to streamline the process and make LRECs more consistent. There have been suggestions that LRECs are more inclined to approve quantitative rather than qualitative research and a there remain debates as to what constitutes good research. This paper explores one person's progress through the approval process for a qualitative project which involves interviewing and observing NHS employees. As a senior nurse within an acute NHS Trust and a PhD student both university and NHS approvals were required. Experiences are related to some of the issues identified above. It appears that many people are not quite sure what their remit within the process is. Universities are not wholly clear on what it means to sponsor a student's research, scientific merit ask questions about issues of ethics, ethics ask questions about issues more appropriate to the R & D process and so on. The student is left not quite sure whether all that has been gone through is to protect people, particularly vulnerable groups, from unethical research or whether other agendas are present. The emotions on receiving the letters giving approval to go on to the next stage in the research governance process are akin to self-actualisation in the Maslow Hierarchy of Needs but this soon dissipates when the next hurdle is put into place. Research governance is necessary. Nobody wants vulnerable people harmed but the present system for students who are health service employees requires persistence, diplomacy and patience on behalf of the researcher. The need to increase nursing research capacity and capability is well documented but the present research governance system may contribute to the trail of failed PhD students.

Recommended reading:

- Alberti K.G. 2000 Multicentre Research Ethics Committees: has the cure been worse than the disease? *British Medical Journal* 320 (7243), p 1157 – 1158.
- Dolan B. (1999) The impact of LRECs on the development of nursing knowledge. *Journal of Advanced Nursing* 30 (5), p 1009 – 1010.
- Department of Health (2001) Research Governance Framework for Health and Social Care. Department of Health, London

11.1.4 Early mobilisation of acute stroke patients in Scotland

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Abstract:

Research Questions

1. What are health professionals' views and knowledge about the early mobilisation of acute stroke patients?
2. What is the level of consensus among health professionals regarding the implementation of early mobilisation of acute stroke patients?
3. What areas require further research in relation to the early mobilisation of acute stroke patients?

Population and Sample: All stroke units and services (n=34) identified in the 'Coronary Heart Disease and Stroke Strategy for Scotland'. The lead physician for acute stroke care in each unit (n=61), the lead stroke nurse (n=65) and the physiotherapist (n=32) most involved in acute stroke care in that unit were identified and contacted personally. A response rate of 62.3% was obtained comprising 39 (39.4%) doctors, 39 (39.4%) nurses and 21 (21.2%) physiotherapists.

Study Design: A survey using a self-administered, postal questionnaire with a SAE and a 'return by' date with one reminder letter sent to all non-responders. Ethics Approval Multi-centre Research Ethics approval granted prior to study outset. Data Management and Analysis Data analysed using Minitab 13 and SPSS version 12.0 with a 95% confidence level with p= 0.05.

Results: Health professionals shared very different views about the early mobilisation of acute stroke patients in terms of what constituted early mobilisation; when patients should be mobilised; who should assess when a patient was ready to be mobilised; how that patient should be assessed; and what were appropriate mobilisation strategies.

Recommendations: There is a need to health professional consensus as to what constitutes the early mobilisation of acute stroke patients in order that further research can be conducted into the long-term benefits of such an intervention.

Recommended reading:

- NHS Scotland Coronary Heart Disease and Stroke: Strategy for Scotland. 1-48. 2002. Edinburgh, Scottish Executive.
- Langhorne P, Stott DJ, Robertson L, MacDonald J, Jones L, McAlpine C et al. Medical Complications After Stroke : A Multicenter Study. *Stroke* 2000; 31(6):1223-1229
- Indredavik B, Bakke F, Slordahl SA, Rokseth R, Haheim LL. Treatment in a Combined Acute and Rehabilitation Stroke Unit: Which Aspects Are Most Important? *Stroke* 2001; 30:917-923.

11.2.1 Hospice at home service: The Carer's perspective

Dorothy McLaughlin, Lecturer in Palliative Care, Northern Ireland Hospice, Belfast, Northern Ireland. Co authors: Kate Sullivan & Felicity Hasson

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Abstract:

Background: It is increasingly common that patients with advanced progressive disease are cared for at home with the help of Hospice at Home (HAH) Teams. The Hospice at Home service provides hands-on nursing care to patient's with cancer and other advanced progressive disease in their own homes. As caregivers provide an important part of the care in the home, alongside a range of professionals, this article presents an evaluation of the HAH service undertaken in 2002 with bereaved relatives.

Aim: The aim of this study was to explore bereaved caregivers' experience of the Hospice at Home Service delivered in one region of the United Kingdom.

Method: One hundred and twenty-eight caregivers responded to a postal questionnaire which comprised of fourteen items exploring levels of satisfaction with the HAH service and team, the most valuable contribution of the service and suggested areas for improvement.

Results: The evaluation found significant levels of satisfaction amongst caregivers. Most believed that the HAH service enabled their loved one's wish to be cared for and to die at home to be fulfilled. A number of suggestions were made relating to increased awareness of the service, training for staff and increased availability of the service.

Conclusion: Overall, caregivers were thankful when the HAH service was initiated and some relatives felt that without this help they would not have been able to care for their loved one at home. The caregivers expressed satisfaction with the quality of the professional care they had experienced however, the need for practical support, increased awareness of the HAH service and bereavement support were also identified. Three main limitations were identified which influences the generalisability of these research findings.

Recommended reading:

- Grady A, Travers E (2003) Hospice at home 2: evaluating a crisis intervention service. *International Journal of Palliative Nursing* 9(8): 326-335.
- NICE National Institute for Clinical Excellence (2004) Guidance on cancer services. Improving Supportive and Palliative Care for Adults with Cancer (www.nice.org.uk)
- Jarrett NJ, Payne SA, Wiles RA (1999) Terminally ill patients and lay carers' perceptions and experiences of community-based services. *Journal of Advanced Nursing* 29(2): 476-83.

11.2.2 Specialist palliative care and non cancer illness. Availability and access to specialist palliative care in hospices in Northern England for patients with non cancer life threatening illness

Julie MacDonald, Lecturer, Department of Nursing, University of Hull, Hull, England

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Abstract:

It is often asserted that those with non cancer diagnoses may benefit from the specialist palliative care services (spcs) provided to those with cancer. (Addington-Hall et al 1995) Despite these thoughts, few people with a diagnosis other than cancer die in hospices or even have access the services (Addington-Hall et al 1997). The research looked at available spcs in the North of England and access to these services by those with non cancer illness.

Method: Method triangulation with qualitative and quantitative methods. Purposive sampling use and questionnaires sent to 10 hospices. Face to face interviewing was conducted with managers from a random sample. Multiple data sources were also utilised i.e admission policies, mission statements and philosophies of care.

Findings: Most referrals were for cancer patients. Average spread 85% cancer and 15% non cancer.

Staff felt poorly qualified to deal with non cancer illnesses because of experience and qualifications. Managers felt the services benefitted those with non cancer but no audit was conducted.

Conclusion: Hospices in the North of England were rising to the challenge of providing SPCS for those with non cancer diagnoses. These services were useful yet staff required further specialist training. Audit needs to be conducted and marketing strategies used to reach those who would benefit from services

Recommended reading:

- Addington-Hall et al (1995) Symptom Control, communication with health professionals and hospital care of stroke patients in the last year of life as reported by surviving family, friends and carers. *Stroke* 26:2242-48
- Addington-Hall et al (1997) 'Community care for stroke patients in the last year of life: results of a national retrospective survey of surviving family and friends and officials. *Health and Social Care in the Community* 6,2,112-119

11.2.3 Palliative care for cancer patients: District nurses' experience

Kathleen Dunne, Nurse Teacher, Altnagelvin Hospital, North & West In-Service Education Consortium, Londonderry, Northern Ireland

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Abstract:

The purpose of the study was to explore the district nurse's experience of providing palliative care for the cancer patient and his family. Ethical approval was given for the research and access to the study participants granted. Since the focus of the study was on the everyday life of the district nurse, a phenomenological approach was adopted. This approach allowed for the individual, subjective experience of the district nurse to be described and understood. A purposive sample of 25 district nurses was included in the study. Data were collected using unstructured interviews, which were tape-recorded. The analysis of data was carried out using Colaizzi's (1987) seven stages of data analysis, which allowed for a comprehensive description and understanding of the phenomenon under investigation.

The trustworthiness and authenticity of the research was addressed in terms of the rigorous measures undertaken to ensure credibility, transferability, dependability and confirmability. The findings of the study are presented as four key themes; the communication web; challenges for the district nurse in symptom management; the family as an element of care and organisational and personal issues impacting on the district nurse's role. Recommendations for practice, education research and management are offered in the context of the findings. The limitations of the study are also discussed.

The theory generated from the research provides a knowledge base for the discipline of district nursing, as the concepts and phenomena associated with the district nurse's experience of providing palliative care have been described and their relationships explained. The theory generated should also inform the practice of district nursing in palliative care, with potential benefits for the family unit. In addition, since research also validates and modifies theory, the theory generated from this study could lead to further research in respect of the district nurse's

involvement with the family unit during the final stage of the cancer journey.

Recommended reading:

- Addington-Hall, J. M. and Altmann, D. (2000) Which terminally ill cancer patients in the UK receive care from community specialist palliative care nurses. *Journal of Advanced Nursing* 32(4): 799-806
- Bergen, A. (1992b) Nurses caring for the terminally ill in the community: A review of literature. *Journal of Advanced Nursing* 28(3): 89-101.
- Addington-Hall, J. and Karlsen, (2000) Do home deaths increase distress in bereavement? *Palliative Medicine* 14 (3): 161-162

11.2.4 Palliative nursing practice and continuing education

Martina Corrigan, Clinical Education Facilitator, Education Department, St. Francis Hospice, Dublin, Ireland

✉ mcorrigan@sfh.ie

Abstract:

The improvement of standards and the development of practice are fundamental principles of continuing education and palliative care practice (Kenny, 2001). This study focused on the experience of Irish palliative care nurses and explored the motivation for continuing education, and the perceptions of the effects of outcomes on practice. The aim of this study was to explore the motivations for and experience of continuing education for Irish palliative care nurses. This research was conducted in a specialist in-patient palliative care unit in an urban hospice in the Republic of Ireland. A demographic questionnaire identified nurses engaged in or about to engage in continuing education.

A qualitative approach was adopted in order to facilitate understanding from an emic perspective and semi-structured interviews were conducted with a purposive sample of eight palliative care nurses. The findings suggest that motivational forces for continuing education are complex and interwoven and involve both personal and professional factors. Participation in continuing education requires strategies to balance the demands of the learning experience with the personal and professional domain. Individual, educational and organisational factors influence the effects of continuing education outcomes on practice, and there is a need to bridge a perceived gap, between the experience and the potential, in order to maximise the potential of continuing education at the practice and organisational level.

As a result of this research a number of recommendations have been made. There is a need to maintain and sustain motivation and promote facilities that are in keeping with the needs of adult learners. To maximise the impact of continuing education outcomes on practice development there is a need to develop the nursing role and for organisational support to evaluate palliative nursing practice and implement knowledge to practice. A culture of learning within the palliative care organisation needs to be nurtured and developed.

Recommended reading:

- Kenny, L. J. (2001) "Education in palliative care: making a difference to practice?" *International Journal of Palliative Nursing*, 7(8):401-407

11.3.1 Different meanings of quality of life: A comparison between what elderly persons and geriatric staff believe is of importance

Anna-Lena Berglund, Senior Lecturer, Division for Health & Caring Sciences, Karlstad University, Karlstad, Sweden. Co author: Kjerstin Ericsson

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Abstract:

The principle aim of this study was to obtain a more complete understanding of quality of life (QoL), (Bearon, 1988) through exploring different factors affecting that concept among elderly persons and staff members, combining mixed methods for validation of QoL categories and themes (Sandelowsky, 2000), and enlightening the meanings through some quotes. Elderly persons (n=207) as well as members of geriatric staff (n=48) answered the open ended question "what does quality of life mean to you?" The elderly persons also answered questions on health, loneliness and social contacts. Descriptive statistics, Spearman rank correlation coefficient, content analysis and triangulation were used to evaluate the data. The findings revealed differences in the answers regarding what was considered most important for QoL. Staff members overestimated two of the categories, namely health and social network, while the elderly persons themselves emphasised being appreciated and living a good life. Staff members believed that elderly persons want to be seen, listened to and feel useful. The only category where staff members and elderly persons differed was "how to be treated", where the elderly group did not find it as important as the staff members. Furthermore, elderly persons did not wish to be a burden to their family or society. In conclusion, elderly persons' own viewpoint is highly significant in care planning.

Recommended reading:

- Bearon LB. (1988). Conceptualising quality of life: finding the common ground. *Journal of Applied Gerontology*, 7, 275 – 278.
- Sandelowsky M. (2000). Combining qualitative and quantitative sampling, data collection, and analysis techniques in mixed method studies. *Research in Nursing and Health*, 23, 246 – 255.

11.3.2 Developing older peoples needs of registered nursing: Development and test of the nursing needs assessment tool

Paul Slater, Research Associate, Department of Nursing, University of Ulster, Belfast, Northern Ireland. Co author: Brendan McCormack

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Abstract:

Background: This paper outlines the search for and the subsequent development of an appropriate assessment tool for assessing older peoples' eligibility for free nursing care in Northern Ireland. The objective of the study is to determine an appropriate framework for assessing older peoples needs for nursing, within the current policy of 'Free Nursing', and to attempt to identify a reliable, valid and usable assessment tool for determining eligibility for free nursing care.

Methods: Following a systematic search of the literature, existing tools used in ascertaining older peoples nursing needs were identified. Each tool was assessed according to their reliability, validity, usability, comprehensiveness of assessment and their ability to quantify nursing care needs. From the findings an assessment instrument, Nursing Needs Assessment Tool (NNAT) was developed and tested. Twenty-three assessors representing seven Health Trusts from community, hospital and nursing home settings were identified and asked to randomly sample and undertake 25-paired assessments of older people within each Health Trust. Each assessor conducted his or her respective assessment independently of the other Trust assessor. Once an assessment was completed NNAT was returned to the researcher. Measures of percentage agreement and inter-rater reliability scores were generated for each pair of assessments and presented as key findings. A focus group was used to gauge assessors opinions towards the usability of the instrument.

Results@ One hundred paired assessments were returned (63%). Overall there was 65% agreement between assessors. Kappa scores indicated high levels of inter-rater reliability in the instrument. Correlation co-efficient measures reinforce these results. Findings from the focus group confirm the validity, usability and comprehensiveness of the tool.

Conclusions: The findings indicate that the NNAT is a reliable, valid and usable instrument. This has major implications for the standardisation of assessment for older people.

11.3.3 User-directed assessments to identify the health and social needs of older people

Ruth Harris, Research Fellow, Florence Nightingale School of Nursing & Midwifery, King's College London, England. Co authors: Roz Ullman & Peter Griffiths

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Abstract:

Person centred care is highlighted as a standard in the National Service Framework for Older People (DOH 2001). Key themes of person centred care are identified as proper assessment of potentially complex needs, sharing of information between services and with clients and active involvement of older people in both health promotion and assessments. The single assessment process (SAP) is one of the major innovations proposed to achieve these goals (DOH 2002). User involvement and self-assessment are envisaged as forming important aspects of this process. Self-assessment refers to an assessment that is completed by the subject of the assessment without immediate professional involvement. This may range from structured questionnaires distributed by and returned to professionals for interpretation and further action where required, to systems that define need from the client's perspective and facilitate care planning by the client themselves. Self-assessment is an innovation that holds out considerable promise in terms of increased participation and ownership for potential service users. Potential benefits may be improved accuracy of assessment, proactive identification of unknown need, and primary or secondary prevention of disorders and user enablement in relation to health and social care. However, whereas user involvement in professionally led assessment has been relatively well explored, self-assessment

has not, particularly in the field of health care. This presentation reports the findings of a multi-method systematic review of literature and practice of user directed assessments to identify health and social care needs among older people. This review addresses the scope of self assessment (in what ways and for whom has it been used), the accuracy of self assessment where it is used in a screening or diagnostic manner, the effectiveness of self assessment in terms of service and person related outcomes and the acceptability of self-assessment from the perspective of both older people and professionals.

Recommended reading:

- DoH. National Service Framework for Older People. London: Department of Health, 2001.
- <http://www.sdo.lshtm.ac.uk/evaluatingmodels.htm#griffiths>
- DoH. Guidance on the single assessment process for older people. Health Services Circular / Local Authority Circular 2002;HSC 2002/001; LAC (2002)1.

11.3.4 The use of a survey methodology to assess the health and well being of older people

Claire Hope, Lecturer in Nursing, Community, Ageing, Rehabilitation, Education & Research, University of Sheffield, Sheffield, England. Co author: Josephine Tetley

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Abstract:

Health screening of people aged 75 and over has been part of the General Practice Contract since 1990. Whilst screening can identify risk factors to health it is argued that a more in-depth assessment of the older person is necessary if the information gathered is to act as a foundation for health promotion. Recognising that traditional screening of older people in General Practice has limitations; a research team worked with three General Practices in a range of settings to undertake an in-depth survey of the health and well being of people aged 75 and over. The aim of the study was to describe the profile of the health and other related issues for this group of patients. The survey took the form of an in-depth assessment that took approximately one hour to conduct. The EASY-Care assessment tool was used as the main data collection instrument as this has been designed specifically for use with older people. EASY-Care was used in conjunction with additional questions and measures intended to assess physical and social aspects of the older person's health such as nutritional status, use of medications and uptake of welfare rights. All patients aged over 75, and registered with the three General Practices were approached and 543 people agreed to be interviewed. Analysis of the data revealed issues related to obesity, depression, hypertension, social isolation, access to aids and adaptations, and ongoing bereavement issues. This presentation will therefore: Give an overview of the key issues related to the health and social care problems revealed by the survey. Describe the value and limitations of using a survey methodology with older people. Make recommendations for health promotion with older people in primary care. Argue that more proactive in depth assessment of older people; linked to the current Single Assessment Process can benefit all parties.

Recommended reading:

- Bath, P. Philp, I. Boydell, L. McCormick, W. Bray, J and Roberts, H (2000) Standardised health check data from community-dwelling elderly people: the potential for comparing populations and estimating need. *Health and Social Care in the Community*. 8 (1) 17-
- Williams, E.I. Wallace, P. (1993) *Health Checks for People Aged 75 and Over*. Occasional paper 59. London. Royal College of General Practitioners.
- Department of Health (2001) *National Service Framework for Older People*. London, Department of Health.

11.4.1 Encouraging research participation through mentoring: the experience of children's hospital in Australia

Damhnat McCann, Lecturer, School of Nursing, University of Tasmania, Australia. Co authors: Jeanine Young & Samantha Keogh, Nursing Research Department, Royal Children's Hospital, Brisbane, Australia

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Abstract:

Understanding and conducting research often presents a daunting challenge for clinicians. Yet participation in research, and the dissemination and utilisation of research evidence, are key factors in the development of a research culture (Edwards et al., 2002). Being a member of a research team does not necessarily equip nursing staff with the knowledge and skills to undertake their own research projects. The Nursing Research Department within this tertiary paediatric hospital has implemented a collaborative research model to encourage clinician participation in research activity. Mentoring is used to guide novices and experienced nurses as they undertake research in their speciality area, from the development of a proposal, through the conduct of a study, to the submission of the study findings for publication. Mentorship provides an opportunity for a close, personal and guiding relationship between an expert and a novice (Darling, 1984, Kinsey, 1990). The mentorship program developed in this organisation aims to encourage personal growth in clinically based nursing staff through the promotion of practical research skills and knowledge of research design and methodology in a supportive learning environment. Four funded projects have been undertaken by clinicians mentored by a nurse researcher. Staff undertaking these projects develop knowledge of research methodology, critical appraisal skills, gain experience in the conduct and management of a research project, and have the opportunity to disseminate study outcomes through conference presentations and publications. In a broader sense, the mentorship program directs research to answer clinical questions and supports professional development and critical thinking. Two nurses have combined their research project with a tertiary qualification. Two others are involved in further research originating from their primary project. This presentation will highlight the successes and challenges experienced by a Nursing Research Department utilising a collaborative research model based on mentoring relationships to develop a research culture within a tertiary paediatric hospital.

Recommended reading:

- Darling, L. A. (1984) *Journal of Nursing Administration*, 14, 42-4.

- Kinsey, D. C. (1990) *Nursing Management*, 21, 45-6.
- Edwards, H., Chapman, H. and Davis, L. M. (2002) *Nursing and Health Sciences*, 4, 89-95.

11.4.2 The impact of policy on change in complex organisations

Mary Cooke, Lecturer, School of Nursing & Midwifery, University of Sheffield, Sheffield, England

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Abstract:

A project using cross-strata, in-depth interview analysis was conducted across Eastern Region NHS providers of diabetes care. The project was devised to identify a relatively rapid effective method to implement organisation change for Diabetes care that helped health professionals translate National Service Frameworks into 'best practice'. An instrument was applied that had been extensively tested in US and mentioned in Department of Health papers here in the UK (<http://www.improvingchroniccare.org/index.html>).

This would be available for health organisations to translate policy to practice efficiently and effectively, for example to identify elements of most effective methods and/or tools to assure major quality improvements (Institute of Medicine 2001). The impact and implications for future NSF's could be estimated by the outcomes from this study. The diabetic population and demographic categories were identified. Economic implications and major service management policy changes for Diabetes in the Region were mapped. The medical and non-medical staff in the teams were recruited to the study and their opinions of policy application priorities tested against past opinions of a similar population. The data collected consisted of population data, interviews, GP Practice data in locales. This information was tested by applying the models of each organisation to the quality improvement model. Volunteer GP Practices were then involved in supported change over a short period (six months), to coincide with the implementation of the Diabetes NSF (January – September 2003). The results were then mapped to the health management evaluation instrument. The findings showed that the Practices involved in the supported change (six months input) were able to accumulate skills, acumen and output associated with application of the NSF and bring their organisation to the same level as others who had been planning changes over the previous ten years. These findings would be especially helpful to Nurses working in primary and community settings, and the staff in acute care in units where policy implementation influences care delivery. Mary Cooke. References.

Recommended reading:

- <http://www.improvingchroniccare.org/index.html>
- Institute of Medicine (2001) *Crossing the quality chasm: a new health system for the 21st Century*. National Academy Press. Washington DC.

11.5.1 Nurturing acorns and watching them grow

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Abstract:

This paper will discuss issues concerning the facilitation of research in clinical practice, highlighting the importance of this role in supporting the translation of research ideas into tangible projects. Government strategies highlight an increasing emphasis and importance for nurse led research (DoH, 2000). However, managing and keeping up to date with the constant changes occurring within the NHS could be considered to be in itself a full time occupation. Human resource issues, financial limitations and government targets only add to this workload. As nurses are the largest professional body within the NHS they should be a major contributor within health service research. Yet there are only a small number of research active nurses. It has been suggested that this is because nurses perceive research as being academic, too complex and nearly always containing mathematical calculations (Thompson et al). Coupled with this is a belief by nurses that they do not have the necessary skills and abilities to undertake research themselves. Lack of support within the organisation, unsupportive colleagues, and a shortage of time to access to information may all impact on practitioners' ability to develop ideas and to change practice. This paper highlights how an innovative collaboration between one NHS university hospital and two universities sought to address these issues. Two experienced researchers were appointed to work as research facilitators with the main aim of empowering, supporting and encouraging nurse led health improvement related research. Initial obstacles faced by the post holders will be discussed and strategies adopted to overcome issues which were inhibiting nurse led research. The paper will be supported by reference to nurse led research projects currently being undertaken as well as those in preparation.

Recommended reading:

- Department of Health (2000), *Towards a strategy for nursing research and development: proposals for action*. Nursing and Research and Development Directorates, London, DoH
- Thompson C, McCaughan D, Cullum N, Sheldon T, Thompson D, & Mulhall A, Nurses' use of research information in clinical decision making: a descriptive and analytical study. Final report presented to the NHS R&D programme in evaluation methods.

11.5.2 Implementing research evidence in practice: The potential for critically appraised topics to influence policy and practice

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England. Co author: Richard Peacock

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Abstract:

Implementing research evidence is often the hardest part of the evidence based practice process. We detail how Critically Appraised Topics (CATs) have informed clinical and service management decisions in our organisation. A CAT addresses a focused question where there appears to be a lack of evidence. The reviewer, will formulate a question, find and appraise the evidence and provide a 'clinical bottom line'. CATs, have become the foundation for a new strategy that is proving to be a powerful mechanism for informing clinical, policy and management decisions and potentially, patient choice. We established a Critical Appraisal Team consisting of clinical researchers and information specialists. The team is available to support staff, in formulating a CAT and changing practice. A member is always 'on call' and is available to attend ward rounds, case conferences and committee meetings. A database stores all the finished CATs for educational purposes. To date, we have been able to provide the answers to important clinical and managerial questions using CATs. Clinical questions include the management of Oxygen therapy and the use of bed rails in the elderly confused patient. Managerial issues include an assessment of the effectiveness of telephone reminder systems in reducing non-attendance at out patient's clinics. Systems such as this provide the foundation for building Evidence Based Organisations. It provides far reaching potential to support those who make decisions that affect patients and to ensure these decisions are evidence based. We aspire to include patients and toward this effort, we plan to offer this service directly to them in the future.

Recommended reading:

- Sackett DL et al 1996. Evidence based medicine: What it is and what it isn't. *BMJ*;312(7023):71-72
- Davies BL 2002. Sources and models for moving research evidence into clinical practice. *J Obstet Gynecol Neonatal Nurs*. Sept-Oct;31(5):558-62
- Gray J. 1997. *Evidence-based Healthcare*. New York: Churchill Livingstone.

11.5.3 Developing a framework of indicators to measure the art and science of research capacity building

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Abstract:

Research capacity building is a process of individual and institutional development, which leads to higher levels of skills and greater ability to perform 'useful' research (Trostle, 1992). Mechanisms to increase research capacity adopted by Research and Development Support Unit (RDSU) like

Trent Focus includes training, mentorship and supervision, funding for protected time, research team development, service-user involvement, organisation infrastructure and support, and the development of networks. Little has been written about how to measure, and therefore, what contributes towards successful research capacity building. Debates on measurement focus around whether capacity building is a means to an end, or an end in itself (Crisp et al., 2000), in which case the importance of process and outcome measures vary accordingly. Some argue we should measure process as outcome, others support measuring success in terms of traditional outcomes: successful grant submissions, peer reviewed publications, and conferences presentations. Importantly, these measures do not necessarily indicate the social impact of research, and may miss out on measuring other more subtle factors that contribute towards success, including 'unexpected outcomes' (Griffiths et al., 2000), and contextual factors. This paper will describe a unique and formative framework of indicators to measure success in developing research capacity, which has been generated by the literature, and through empirical evidence from work undertaken by Trent Focus. It identifies factors at an individual, team, organisational and network level, and includes process and outcomes measures. It suggests areas of measurement to explore the social impact of research generated (the 'usefulness' of research), and also suggests indicators of more subtle change that may contribute towards success. This includes 'close to practice' measures, networking and linkages, as well as factors that generate sustainability, including social and intellectual capital of teams and networks.

Recommended reading:

- Griffiths, F., Wild, A., Harvey, J. and Fenton, E. (2000) The productivity of primary care research networks, *British Journal of General Practice*, 50 913-915.
- Crisp, B. R., Swerissen, H. and Duckett, S. J. (2000) Four approaches to capacity building in health: consequences for measurement and accountability, *Health Promotion International*, 15(2), 99-107.
- Trostle, J. (1992) Research Capacity building and international health: Definitions, evaluations and strategies for success., *Social Science and Medicine*, 35(11), 1321-1324.

11.5.4 Measuring research utilisation: The Bannigan utilisation of research profile

Katrina Bannigan, Senior Lecturer, School of Health & Social Care, University of Teesside, Middlesborough, England. Co authors: Rosamund Bryar & Roger Watson

Abstract:

Evidence based practice is contingent on increasing research utilisation amongst health care professionals. An outcome measure is required to assess the effectiveness of interventions designed to increase the use of research findings. This field is poorly defined (Estabrooks 1997) and so extensive work was required to develop a conceptual framework, review measures already in existence and to devise the items needed to develop a measure research utilisation. This paper will report: A conceptual framework for measuring research utilisation Existing literature was analysed to develop a conceptual framework including a definition of research utilisation: 'a process in which the valid

products of research are applied directly, indirectly or persuasively to verify current practice or to change current practice' (Bannigan 2004: 285). It was also recognised that other issues need to be considered such as the micro skills needed, barriers, infrastructure and the individual's attitude. A critical review of existing measures (N=48) indicated a need for a measure of research utilisation because no generic measure was identified and there was a lack of interdisciplinary research (Humphris 1999) and rigour in scale development. The development of the 'Bannigan Utilisation Research Profile' (BURP) Content analysis, using the conceptual framework, indicated that one measure of research utilisation would be too unwieldy and would not accurately reflect the complexity of research utilisation. Six sub scales were identified, i.e. asking answerable questions, finding the evidence, reviewing the evidence, using the evidence, self evaluation, reading habits, as well as a pool of items to guide demographic data collection. The on-going development of the BURP A progress report will be provided on the expert panel convened to review the sub-scales; items for inclusion and exclusion will be rated using the Content Validity Ratio (CVR) and the nominal group technique will be used to identify missing items.

Recommended reading:

- 1. Estabrooks CA (1997) Research utilisation in nursing: an examination of formal structure and influencing factors. (Unpublished PhD thesis). Edmonton, Alberta: University of Alberta.
- 3. Humphris D (1999) The implementation of policy into clinical practice: the use of research evidence by doctors, nurses and therapists. (Unpublished PhD thesis). London: Department of Public Health Sciences St George's Hospital Medical School.
- 2. Bannigan K (2004) Increasing the use of research findings in four allied health professions (Unpublished PhD thesis) Hull: School of Nursing, University of Hull

11.6.1 Preventing neural tube defects in Europe - a missed opportunity

Araceli Busby, Lecturer in Environmental Epidemiology, Public & Environmental Health Research Unit, London School of Hygiene & Tropical Medicine, London, England. Co authors: Lenore Abramsky, Helen Dolk, Ben Armstrong and a EUROCAT Working Group

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Abstract:

Background: Approximately 4000 pregnancies every year in Europe are affected by Neural Tube Defects (NTD). Periconceptional folic acid supplementation (PFAS) was shown over a decade ago to be effective in preventing the majority of cases (1). We review European public health policies to raise periconceptional folate status, and analyse the extent of prevention as revealed by trends in NTD prevalence in Europe up to the year 2001.

Methods: EUROCAT is a network of population based registries in Europe collaborating in the epidemiological surveillance of congenital anomalies (2). Representatives from sixteen participating countries provided information about policy, health education campaigns and surveys of PFAS uptake. A meta analysis of changes in NTD prevalence according to PFAS policy was undertaken using livebirths, stillbirths and terminations of pregnancy with a

neural tube defect and total births in the surveyed population from 23 registries, 1989-2001.

Findings: Nine countries had a government recommendation that women planning a pregnancy should take 0.4 mg folic acid supplement daily, accompanied in seven countries by government led health education initiatives. In the UK and Ireland, countries with PFAS policy, there was a 32% decline in NTD prevalence (95%CI 19 to 55%) but it was difficult to distinguish this from the pre-existing strong decline in NTD prevalence. In other European countries with PFAS policy, there was a decline in NTD prevalence of 17% (95%CI 44 to -4%), and in countries with no policy a 9% (95%CI 26 to -12%) decline.

Conclusions: The potential for preventing NTDs by periconceptional folic acid supplementation is still far from being fulfilled in Europe. Only a public health policy including folic acid fortification of staple foods is likely to result in large scale prevention of NTDs.

Recommended reading:

- MRC Vitamin Study Research Group. Prevention of neural tube defects: Results of the Medical Research Council Vitamin Study. *The Lancet* 1991; 338:131-137.
- www.eurocat.ulster.ac.uk

11.6.2 Public health: making community nurse count

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Abstract:

Aims: The aim was to explore the public health role of community nurses (Health Visitors, Practice Nurses, District Nurses, School Nurses) and the extent to which they are offering evidence based public health interventions.

Data and Methods: A 3 case study site design was used. Semi structured interviews with community nurses (42) and key stakeholders (9) and non-participant observational data (102 hours) using new and existing transcripts were analysed to identify nurses' current public health activity. Data were categorised under key themes and concepts within sub-groups(1). Three existing systematic reviews were appraised and relevant evidence based interventions identified and mapped against activity to identify gaps between evidence and activity.

Results: Nurses delivered public health interventions during nearly half of all consultations but no consistency of approach was apparent. Lifestyle advice (diet, exercise, smoking cessation) was the most frequently cited and observed activity across all professional groups and appeared to be opportunistic rather than planned with nurses generally unaware of the robust evidence base in this area. Many nurses cited lack of time, lack of skills and difficulties in interpreting the evidence base and how to apply it to practice. A lack of direction and leadership for front line practitioners was also apparent with few practitioners aware of local and national targets for public health activity.

Conclusions: Community nurses are not generally fulfilling their potential as public health practitioners. Policy Implications: Community nurses are in a unique position to play an important role in delivering the wider public health agenda. A clearer vision is needed of what community nurses' role will be in public health. Traditional role boundaries

must be broken down and skills gaps addressed in order for nurses to maximise their potential. User-friendly ways of disseminating evidence based information and new sources of training may be powerful levers for change as well as attaching more importance to preventive aspects of National Service Frameworks.

Recommended reading:

- Ritchie, J. and Spencer, L. (1994) 'Qualitative data analysis for applied policy research', in A. Bryman and R.G. Burgess (eds) *Analysing Qualitative Data*, London: Routledge.
- Centre for Reviews and Dissemination. (Draft March 2004 – Unpublished) Evidence from systematic reviews of research relevant to implementing the 'wider public health' agenda.

11.6.3 Emotional organisations: A case study of change in primary care

Veronica James, Professor of Nursing Studies, School of Nursing, University of Nottingham, Nottingham, England. Co authors: Jackie Williams & Mandy Hampshire

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Abstract:

Set in the context of the new managerialism (du Gay, 2000) and its impact on emotion at work (Fineman, 2003) this is a case study of nurse-led change in primary care. The 1997 Primary Care Act deliberately blurred professional boundaries by introducing the experiment of Personal Medical Services (PMS) alongside the traditional system of doctor led General Medical Services (GMS). (Leese and Petchey, 2003). The new PMS contracting system facilitated innovation, and in 1998, under unusual circumstances, an entrepreneurial nurse took the opportunity to set up her own health centre with a doctor whose list had reduced to 500 patients. With support from the Health Authority and Primary Care Trust, by 2003 the Forest team were providing a health service for over 3000 patients. An evaluation of the Project between 2000-2003, was designed to examine workability, sustainability and transferability. Data were collected from extensive documentation, and 25 stakeholder interviews with the patient participation group, clinical professionals, administrators, business managers, service contractors and policy makers. In an issue reflecting the high media profile of the Project, the identification of informants was discussed at length, because it was recognised that anonymity and confidentiality could not be guaranteed. Having given a brief outline of the context and methods of the study, the presentation of findings focuses on the discrepant views of the different players - Project staff, the Health Authority, local practices - alongside Government influence. The analysis explores the implications of introducing and implementing innovative policy in a context of existing, powerful organisations, and considers the feelings, values and rules which shape the multiply-accountable players and systems. By drawing on frameworks of bureaucracy and emotion, the personal, professional and organisational impact of policy development is examined, offering insights into the importance of addressing tensions generated by the management of change.

Recommended reading:

- Fineman, S. (2003) *Understanding Emotion at Work*, London, Sage.
- Leese, B. and Petchey, R. (2003) *Achievements in the first wave personal medical services (PMS) pilots in England: a health authority perspective.*

Journal of Health Organisation and Management, 17, 3, 181-193

- Gay, P. du (2000) *In Praise of Bureaucracy: Weber, organisation and ethics*, London, Sage

11.6.4 Devolution and public health in the UK

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Abstract:

Prior to devolution Westminster held all legislative powers for England, Scotland and Wales and for most decisions relating to Northern Ireland. Seven years into devolution; Scotland and Wales, 1997 and Northern Ireland 1998, it is timely to reflect on its impact. Public health nursing practice is inextricably linked with policy, and the aim of this paper is to highlight the impact of devolution, on public health governance and practice. Particular emphasis will be placed on the policy divergence inherent in devolution and the conspicuous absence of devolution in England. Labour generally, Blair in particular have been criticised for the lack of coherence and vision for devolution (Morrison, 2001). England with approximately 80% of the total population has, with the exception of a Lord Mayor for London, made negligible progress in terms of devolved governance. Central government initiatives such as health action zones (HAZs) will be used as evidence of greater rather than less centralisation. The policy divergence potential and the inherent threat to the welfare state in the devolution paradigm will be explored, as will the potential for promoting migration: Older people may for example choose to retire to Scotland (Pollock, 2001). The paper will argue that devolution has much to offer in terms of addressing the democratic deficit and achieving the paradigm shift from government to governance (Hazell, 2003). Devolution presents public health with both challenges and opportunities. The opportunities for needs based service and more effective targeting of resources are significantly increased. However, the perennial tension between funding of acute service provision and the less visible public health will intensify. It is in this tension that the greatest threat to the NHS lies. Ironically, it is England the largest of the UK countries but least devolved, who is showing signs of a move away from those underpinning values.

Recommended reading:

- Morrison, J (2001b) *Democracy, Governance and Governmentality; Civic Public Space and Constitutional Renewal in Northern Ireland* Oxford Journal of Legal Studies, 21 (2) 287-310
- Pollock, A (2001) *Social policy and devolution* British Medical Journal 322 311
- Hazell, R (2003a) "Conclusion: The devolution Scorecard as the devolved assemblies head for the polls. In: *The State of the Nations 2003: The third year of devolution in the United Kingdom*. Haxell, R (Ed) 0907845495

11.7.1 Identifying the terms and conditions for nurses employed within general practice: the implications for employers

Kevin Corbett, Project Manager/ Senior Lecturer, Nursing Directorate, Wandsworth Primary Care Trust, London, England. Co author: Di Caulfeild-Stoker

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Abstract:

The terms and conditions of nurses working in general practice (G.P.) are hidden from scrutiny due to the independent contractor status of most GPs (Audit Commission 2002). This is in context of GP's as 'micro-businesses' drawing upon the existent resources like other providers within the local health economy. This paper shows how a local evidence-base was developed and describes a 'scoping' exercise that identified the terms and conditions of a random sample (n=57) of GP-employed nurses from five primary care trusts within one Strategic Health Authority. The socio-political background of the study is discussed including the role of relevant local stakeholders as well as the study's rationale that emerged from a strategic scrutiny of access to primary care. A variety of qualitative/quantitative methods are described including the development of a sampling frame based on the numbers of nurses employed by GPs, and not GP list size, given that list size (a major determinant of GP income) may not determine the number of GP-employed nurses. Also critically discussed is the development of a structured postal questionnaire and a structured interview schedule both used to identify the terms/ conditions of staff and their access to education/ development opportunities. The major findings of the study's SPSS analysis of terms and conditions are presented in relation to the 'cultural' differences between general practices and NHS primary care trusts, as well as the newly emerging, yet pivotal, role for nurses in ensuring that practices achieve the targets stipulated within the new general medical services contract. The human resource implications for general practices as nurse-employers are critically explored in relation to professional accountability, Agenda for Change (Department of Health 2004), Liberating The Talents (Department of Health 2002), lack of gender diversity, the variety of both nurses' job summaries and terms and conditions, as well as the practices' skill-mix, nurse competency and access to education/development opportunities.

Recommended reading:

- Audit Commission (2002) *A Focus On General Practice In England*. Wetherby, Audit Commission.
- Department of Health (2002) *Liberating The Talents. Helping Primary Care Trusts and nurses to deliver the NHS Plan*. London, The Stationery Office.
- Department of Health (2004) *Agenda For Change: Proposed Agreement (September)*. London, Department of Health.

11.7.2 Nursing in an interprofessional context: The student perspective

Kathryn Ross, Associate Dean (Academic Planning, Nursing & Midwifery), Faculty of Health & Social Care, University of the West of England, Bristol, England.
Co authors: Katherine Pollard, Patricia Taylor & Susie Ventura

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Abstract:

In January 2004 the Faculty of Health and Social Care at an English university commenced a multi-method study exploring student experience of interprofessional learning and working in practice placement. This study was a component in a wider programme evaluating the Faculty's pre-qualifying interprofessional curriculum. Despite continued emphasis on interprofessional education, the evidence base underpinning its effectiveness is still in question (Freeth et al 2002). Study instruments included survey, observation and interview. Thirty-five students from four nursing programmes, selected through stratified purposeful sampling (Cresswell 1998), were interviewed; nine students were subsequently followed into placement settings – three adult hospital wards, a paediatric unit, and a community facility for adults with learning disabilities. Variable student timetables and the requirements of NHS Trust Research committees and Local Research Ethics Committees made gaining access a complex exercise. Settings were accordingly selected on the basis of geographical area and timing of placements. Staff were invited to complete a survey concerning interprofessional working in their area; observations and short interviews with staff and students were conducted. Qualitative data were subjected to thematic content analysis (Burnard 1991). Survey data were analysed in terms of descriptive statistics. Within-case analysis was used to construct a profile of interprofessional collaboration within each placement setting. Subsequent cross-case analysis, supported by findings from additional student interview data, identified factors influencing students' experience of interprofessional learning and working. This paper provides an overview of the study, and presents findings concerning student experience in the different areas. Factors influencing students' capacity to engage in effective interprofessional activity included confidence in interpersonal and other skills, the attitude of qualified staff to student involvement with colleagues from other disciplines and the culture of interprofessional relationships within each area. Implications for the development of a nursing workforce equipped to function effectively in a multiprofessional environment are discussed.

Recommended reading:

- Burnard P (1991) A method of analysing transcripts in qualitative research *Nurse Education Today* 11 461-466
- Freeth D et al (2002) A Critical Review of Evaluations of Interprofessional Education Learning and Teaching Support Network: Health Sciences and Practice, London
- Cresswell JW (1998) *Qualitative Inquiry and Research Design* Sage Publications Thousand Oaks, Ca.

11.7.3 The multidisciplinary team meeting: An ethnographic study

Anne Lanceley, Clinical Research Fellow, Institute of Women's Health, University College London, England. Co authors: Ian Jacobs, Usha Menon, Fiona Warburton & Jan Savage

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Abstract:

The multidisciplinary team (MDT) meeting is recognised by the Department of Health as 'the engine room of improved care' (NHS Executive, 2001). Clinicians are required to respond to the National Standards and Performance indicators for multidisciplinary team working, and are charged with finding ways of making the new multi-disciplinary team arrangements work. As yet there is little empirical research on cancer teams in action; their evolution, functioning and dynamics. Where evidence exists it highlights the complexity of developing teamwork arrangements (Jenkins, 2001) and considerable ambivalence about the success of teams (Molyneux, 2001). Drawing on observation, interview and questionnaire data from a six-month ethnographic study of a weekly gynaecological cancer multidisciplinary team meeting in one Cancer Network, we present findings on the clinical decision-making practices, contributions, and experiences of team members. Our findings illuminate professional's experiences of their role in the team meeting and the forms of knowledge at the heart of relationships between health care professionals. These findings are considered in the context of national policy. While we acknowledge that the MDT is not the sole arena for clinical decision-making, a clearer understanding of the different contributions to decision-making and variations in perceived role of team members during their formal meeting, provides important clues to improve multi-professional collaboration and service quality. In addition the study provides a foundation for subsequent work orientated toward the impact of multi-disciplinary teamwork on decision-making with patients.

Recommended reading:

- NHS Executive (2001) *Manual of Cancer Service Standards* NHS Executive, London.
- Molyneux J (2001) Interprofessional teamwork: what makes teams work well? *Journal of Interprofessional Care* Vol 15, No 1 29-35
- Jenkins, V.A. Fallowfield, L. J. Poole, K. (2001) Are members of multidisciplinary teams in breast cancer aware of each other's informational roles? *Quality in Health Care* 10 70-75

11.7.4 What do health care assistants do? A descriptive survey of ward managers views of the role of the health care assistant in an acute hospital

Barbara Jack, Senior Lecturer, Health Studies, Edge Hill College/Marie Curie Centre Liverpool, England. Co authors: Jeremy Brown & Tom Chapman

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Abstract:

Background: The last decade has seen a change in the nursing workforce with a reduction of enrolled nurses, the supernumerary status of student nurses and the development of health care assistants (HCA) role (Thornley 2000). There is limited evidence to

identify the actual role of the HCA, with a diversity of procedures being undertaken ranging from tidying a ward to undertaking complex clinical procedures. With the advent of the Agenda for Change (Dof H 2001) and new roles such as ward housekeepers it is important to identify what HCA are doing.

Methodology: The aim of this study was to explore the current role (clinical and non-clinical) and potential for expansion of the health care assistant role (Jack et al 2004). A confidential descriptive survey using a total population sample was sent to all ward managers in one large acute hospital trust. Data was analysed using descriptive statistics. Additional open ended questions were analysed for emerging themes.

Results and Discussion: A response rate of 94% (n=33) was obtained. The ward managers indicated that HCA undertook a wide range of clinical and non clinical procedures. All respondents identified the role of the HCA to include general tidying. Serving food, portering/ general transporting were the second and third most reported non clinical procedures. The three most reported clinical procedures undertaken by HCA's were feeding patients, recording observations /fluid balance and bathing patients by over 72% (n=33) of ward managers. Additionally 81.8% (27) of the ward managers reported the role of the health care assistant could be expanded, although concerns were raised about the need for additional training and supervision. This paper will discuss the findings including the wide diversity of the role. Suggestions for further research and the potential impact of the new ward housekeeper role will be made.

Recommended reading:

- Department of Health (2001) *Agenda For Change: Modernizing the NHS Pay System*. The Stationary Office, London
- Thornley C (2000) A question of competence? Re-evaluating the roles of the nursing auxiliary and health care assistant in the NHS *Journal of Clinical Nursing* 9:451-458
- Jack BA, Brown J, Chapman T (2004) Ward managers' perceptions of the role of healthcare assistants. *British Journal of Nursing* 13, 5, 270-275

11.8.1 An evaluation of the response to Poole's algorithm education program by aged care facility staff

Julia Poole, Clinical Nurse Consultant in Aged Care, Department of Aged Care & Rehabilitation Medicine, Royal North Shore Hospital, St Leonards, Australia. Co author: Christine McMahon

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Abstract:

The management of disturbed behaviour in older people often presents challenges for nurses (Poole and Mott, 2003). Three education and resource packages have been published to assist in the prioritisation, assessment and management of aggression, delirium, depression or other mental disorder and dementia, supported by a journal article providing the background evidence (Poole, 2003). A descriptive study was instigated to evaluate the response of residential aged care facility staff to their program (Poole, 2000). One hundred and four senior staff participated in train-the-trainer programs and then returned pre and post knowledge evaluation questionnaires for 190 of their own staff that they had trained over a three month

period. Thirty six of those trainers then participated in focus group interviews. Questionnaire analysis showed statistically significant improvements in overall knowledge for the trainers ($\chi^2 = 71.1$, 1 df, $P < 0.001$) with 19.2% correct answers pre education and 91.3% correct afterwards, a difference of 71.1%, (95% CI 43.6 - 71.8%). Overall, the staff trained by the trainers improved from 12.6% correct to 59.5% post education, a difference of 46.8% ($\chi^2 = 72.37$, 1 df, $P < 0.001$) (95% CI 38.7-55.00). The trainers' recognition of delirium as a cause for disturbed behaviour improved from 39.4% to 97.15% and the staff from 24.7% to 75.2%. Focus group transcripts showed improvements in attitudes and practice. A sample quotation is '... I'm more inclined to look for reasons for the behaviour... more inclined to do something about it'; 'even hearing the history over the phone I was immediately able to link the information ... start to investigate all the clinical signs ... he had a UTI'; Recommendations were made for ongoing train-the-trainer sessions using this program and the replication of this study in the acute and community sectors.

Recommended reading:

- Poole, J. (2000) Poole's algorithm: Nursing Management of Disturbed Behaviour in Aged Care Facilities. Sydney: Government Printing Service.
- Poole, J. and Mott, S. (2003) Agitated older patients - nurses' perception and reality. *International Journal of Nursing Practice*, Vol. 9, No. 5, pp. 306-312.
- Poole, J. (2003) Poole's Algorithm : Nursing Management of Disturbed Behaviour in Older People - The Evidence. *Australian Journal of Advance Nursing* Vol. 20, No. 3, pp. 38-43.

11.8.2 Transitions in care: Carers' perceptions of the nursing home placement of an older relative. A grounded theory approach

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Abstract:

With demographic trends predicting an increase in the number of older people and a reduction in the number of family carers (Royal Commission on Long Term Care), it is likely that admission to nursing homes will continue to increase. As there is a limited volume of literature exploring nursing home placement from the carers' perspective (Ryan & Scullion 2000, Davies 2001), particularly in a predominantly rural context, this study aims to address this imbalance. Additionally, the study aims to explore ways of facilitating a more positive transition to nursing homes. The study is being conducted in a large combined NHS Trust in Northern Ireland. A grounded theory approach consistent with the work of Glaser and Strauss (1967) is being used to conduct the study. Consistent with grounded theory methodology, data collection and analysis are occurring simultaneously and this process commenced in October 2002. To date a total of 26 semi-structured interviews have been carried out with relatives of recently placed nursing home residents. This paper focuses on preliminary findings which suggest that contrary to the bulk of published material on nursing home placement, relatives have not viewed the experience as predominantly negative. While some relatives have

expressed feelings of guilt, sadness and regret are more recurrent themes. Familiarity appears to be a core category and one that forms a consistent theme in the interviews. It would appear that familiarity with the home, the residents and the staff appears to facilitate a more positive transition for older people and their carers. Additionally rurality and the relative rurality of the study site appears to have a bearing on the sense of familiarity. In many instances the nursing home is viewed as an integral part of the community, particularly family owned homes where the owners reside within the community and are well known.

Recommended reading:

- Davies S (2001) Wanting what's best for them. Relatives' experience of nursing home entry: a constructivist inquiry. Unpublished PhD thesis. Faculty of Medicine, School of Nursing and Midwifery, University of Sheffield.
- Ryan AA. & Scullion H (2000) Nursing home placement: an exploration of the experiences of family carers. *Journal of Advanced Nursing*. 32(5), 1187-1195.
- Glaser B & Strauss A (1967) *The Discovery of Grounded Theory*. Chicago: Aldine.

11.8.3 Informal carers' experiences of an intermediate care service

Gaynor Reid, Lecturer - Occupational Therapy, University of Liverpool, Liverpool, England. Co author: Claire Hulme

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Abstract:

This paper will be of interest to stakeholder from health and social care involved in the evaluation of Intermediate Care Services (ICS). Background: Carers are recognised as a valuable asset but their views are often overlooked when evaluating ICS. Studies have focused upon outcomes related to cost and effectiveness and have omitted to consider outcomes, which are meaningful to informal carers. With more dependent people being cared for in the community there is a need to explore carers' experiences and the impact this model of service delivery has had on them.

Aims: Pilot study exploring informal carers' experiences of Intermediate Care, to understand the impact and identify carer outcomes. The paper aims to provide delegates with an insight into carers' experiences and their criteria for evaluation by presenting the preliminary findings.

Methods: Qualitative. Grounded theory used to analyse semi-structured interviews with four participants identified through purposive sampling. Taped transcripts were analysed using open coding and managed with NVivo software to identify substantive categories.

Findings: Carers had their own health care needs, were retired males, caring for female relatives, providing substantial levels of care, which resulted in loss of personal time, well being and recreation. Carers were satisfied with the service however previous poor care elsewhere had introduced feelings of mistrust, which limited choice and acceptability of services. Carers' evaluation criteria related to: Consistency of care across the 'whole system' Medical review Anti-ageist policies Carers assessment Choice Standards for equipment delivery and collection Flexible formal care Transportation between care settings.

Conclusions: Hospital care may no longer be an option for sub acute patients. As carers provide

substantial care in the community, their experiences need to be addressed, to provide person-centred services, choice and reduce the negative effects of caring. The pilot will inform a more substantive study of carers' experiences and identify criteria for evaluation of Intermediate Care.

Recommended reading:

- Shepperd, S. and S. Iliffe (2003). *Hospital at Home versus In-Patient Hospital Care*. Cochrane Review. The Cochrane Library Oxford, Update Software
- Mountain, G. (1999). *Services for Physically Frail Older People - Developing a Total Service Approach within Intermediate Care Framework*. A Review of the Evidence Base. Leeds, Nuffield Institute for Health Community Care Division.
- Reid, G., R. Kneafsey, et al. (2002). Evaluation of an assessment and rehabilitation service for older people in South Cheshire. Salford, University of Salford, Health Care Practice R&D Unit.

11.9.1 Protecting people with learning disabilities from abuse: a focus group exploration of the views of staff

Ian Mansell, Principal Lecturer, School of Care Sciences, University of Glamorgan, Pontypridd, Wales. Co authors: Robert Jenkins & Ruth Northway

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Abstract:

The recognition that some groups of people within society are particularly vulnerable to abuse has led to the development of recent policy guidance (Department of Health, 2000; National Assembly for Wales, 2000). However this guidance needs to be translated into the day to day practice of health and social care services. This session will present the emerging findings of the third stage of a three-stage all Wales study which has explored adult protection policy and practice as it relates to Learning disability services within the Principality. This stage explored the views of practitioners involved in the delivery of service provision. A stratified sample of participants was recruited by advertisement and through contact with the various agencies. In total 70 participants were involved in a total of 10 focus groups (eight for direct care staff and two for staff who may have an investigative function) and anonymity was assured. The focus group interview schedule was developed from stages one and two of the study. Two members of the research team facilitated each of the interviews, all groups were tape recorded, transcribed and read by members of the research team. Thematic analysis was undertaken and reliability checks between team research team members produced an inter-rater reliability rating of over 90%. Emerging themes revealed a number of factors including the context within which abuse may occur, roles and responsibilities of staff and agencies, the factors that both help and hinder staff in carrying out their responsibilities, their training and support needs, their awareness and use of policies, and suggestions for improving policy and practice. These initial findings have important implications for nursing practice, education and policy development as well as the broader implications for health and social care services.

Recommended reading:

- Department of Health (2000) *No Secrets*, London: Department of Health

- National Assembly for Wales (2000) In Safe Hands, Protection of Vulnerable Adults in Wales, Cardiff: National Assembly for Wales

11.9.2 The business of us all: Identifying the research issues in the care of people with learning disabilities in general hospitals

Michael Brown, Consultant Nurse & Teaching Fellow, Faculty of Health & Life Sciences, Napier University, Edinburgh, Scotland. Co author: Juliet MacArthur

Abstract:

The aim of the paper is to outline the research agenda to improve the health care of people with learning disabilities in general hospitals. This research agenda was identified via a multiagency conference that included users of services. From the conference presentation the priority research issues have been identified and will be outlined in the paper, set within the contemporary policy framework. The key issues that will be covered include - improving access, ethical and legal issues, consent to treatment, additional support models and care coordination. People with learning disabilities form over 2 % of the UK population and research evidence clearly support that they have some of the highest and unmet health needs of any group in society. As a result people with learning disabilities will require to access all aspects of the NHS to address their health needs. As a result of this they are high users of all areas of general hospital services and require special consideration to have their needs met in this setting. Government has made clear policy statements regarding social inclusion and they are a key priority area for health and social care services. People with learning disabilities experience significant barriers when attempting to access general hospital care and there is now an evolving recognition that this is an under researched area that requires urgent attention. The current evidence base on meeting the health needs of this group is evolving and there is significant scope to set out the research agenda within general hospital care for this group. If social inclusion and social justice are to be a reality, a focus of nursing research in the future needs to include general hospital care for people with learning disabilities as part of the nursing contribution to health improvement for this group. This is a new and developing area of nursing research.

Recommended reading:

- NHS Health Scotland (2004) People with Learning Disabilities in Scotland: The Health Needs Assessment Report. Health Scotland, Glasgow
- Iacono T & Davis R (2003) The experiences of people with developmental disability in emergency departments and hospital wards. Research in Developmental Disabilities. 24, 247-264
- Morgan C.L., Ahmed Z., & Kerr M. (2000) Health care provision for people with a learning disability. Recording-linkage study of epidemiology and factors contributing to hospital care uptake. British Journal of Psychiatry. 176, 37-41

11.9.3 The function structure and effectiveness of community learning disability teams

Eamonn Slevin, Lecturer in Nursing, Department of Nursing, University of Ulster, Newtownabbey, Northern Ireland. Co authors: Maria Truesdale, Roy McConkey, Owen Barr & Laurence Taggart

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Abstract:

The locus of care for people with learning disabilities has shifted from institutional-based care to community care. Services for people with learning disabilities and their family/carers are usually provided via community learning disability teams (CLDT), and nurses are key members of such teams. The focus of this study was to determine how CLDTs are structured, what practices work well for CLDTs, and what service deficits exist.

Design: This paper relates to a qualitative part of a larger study involving focus group interviews with CLDT members and clients. Sampling method for the CLDTs involved identification of the total population of team members. Client selection was by a convenience purposive method. 12 focus group interviews were undertaken with CLDTs in Northern Ireland (N = 72 participants); 8 client focus groups were also undertaken.

Data collection and analysis: Two researchers facilitated each focus group. Content analysis of the narratives was undertaken, some data were quantified to obtain descriptive detail of a demographic nature. **Findings:** Teams were of various structure, unidisciplinary and multidisciplinary. Of the 72 CLDT members most were nurses 27 (38%) followed by social workers, allied health care professionals and clinical psychologist. The nurses roles and functions, and how effective they perceived these to be are identified. However, both CLDT members and clients identified a number of barriers to service provision.

Conclusions: CLDTs facilitate inclusive living for people with learning disabilities, and nurses play a key role within such teams. Knowledge from this study can contribute to practice by both identification of effective practice and service deficits. Deficits identified included a lack of: respite care, staff with specialist skills to work with people who have challenging behaviour or mental health problems, and community based treatment and assessment facilities. Such barriers need to be overcome to meet the needs of this client group.

11.9.4 A review of learning disability nursing research 1995-2003

Duncan Mitchell, Professorial Fellow, Salford Centre for Nursing, Midwifery & Collaborative Research, University of Salford, Greater Manchester, England. Co authors: Ruth Northway & Kalbir Kaurmann

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Abstract:

This paper reports on a literature review of English language research concerning learning disability nursing, or undertaken by learning disability nurses between 1995 and 2003. The purpose of the research was to investigate the reported lack of published research and subsequent evidence base by learning disability nurses (Turnbull, 1997,

Parahoo et al 2000). Literature was searched by means of electronic databases including CINAHL, BNI and Medline, hand searching of key texts, and utilisation of the researchers' own knowledge of the literature. Results were analysed by the critical reading of each selected paper by two researchers before being entered into a database that included details of focus, methodology, strengths, weaknesses and recommendations.

Interim Findings: There is a significant problem in accessing learning disability research through the use of standard databases commonly used by nurses. Terminology is used inconsistently, particularly in relation to key words and some journals do not use key words. There appears to be no consensus about key texts, or reference to a body of learning disability nursing work within the literature. A comparison of international research is difficult because of the lack of cross cultural terms and differences in the work that nurses, and other professionals undertake. Funding sources for research are not always identified.

Summary: Learning disability nurses have written a great deal but their output is spread thinly across published media making it difficult to access. Furthermore the way that much of the material is published makes it difficult for a novice to differentiate between primary research, structured literature reviews and informed comment.

Conclusion: Findings have implications for practice and also research policy, particularly in relation to the place of learning disability nursing research within the UK's regular Research Assessment Exercise.

Recommended reading:

- Turnbull J (1997) Learning disability nursing: a position paper, Journal of Learning Disabilities for Nursing, Health and Social Care, 1(4) 186-190.
- Parahoo K. Barr O. McCaughan E (2000) Research utilization and attitudes towards research among learning disability nurses in Northern Ireland, Journal of Advanced Nursing, 31 (3) 607-613

Workshop abstracts

Tuesday 8 March

13.30 - 15.30

Workshop: 1

Writing for Publication

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Abstract:

The focus of this workshop is the process of writing for publication. The workshop is aimed towards novice level writers who are preparing to write a manuscript for publication.

The workshop is a lecture-seminar type event, where participants are encouraged to share their topics and concerns regarding writing for publication. This workshop offers a clear strategic way for novice authors to start writing. Workshop content includes the phases of writing for publication: the planning phase, the writing phase, and the publishing phase; and the steps of each phase. Work habits, authorship, the review process, and communication with editors are discussed. Factors to consider when writing for publication are highlighted, and what needs to be done to change a class paper or thesis into a publishable manuscript. Publishing empirically as well as experientially gained knowledge is essential for the nursing community.

The final step of the nursing research process is to disseminate newly gained nursing knowledge to the larger world of nurses and other health care providers. The best way to disseminate nursing knowledge is by publishing it. Due to lack of publishing of nursing study results, patients may not be getting the best possible nursing care. For the development of the nursing science and therefore for the benefit of patients' well being, it is the responsibility of nurses to disseminate their knowledge among the larger community of nurses. Nurses need to encourage nurses to add to the common body of nursing knowledge by writing and publishing. This workshop is based on experience from a workshop for nurses on writing for publication at a university hospital in Iceland.

15.45 - 16.45

Workshop: 2

QSR NVivo – an introductory workshop

Gina Dolan & Glynis Bennett, School of Care Sciences, University of Glamorgan, Pontypridd, Wales.

✉ gcdolan@glam.ac.uk

Abstract:

In recent years there has been a surge in the use of computer aided qualitative data analysis (CAQDAS). In many ways, this has revolutionised the process of data analysis. Lynn Richards developed NVivo in 1999 as a tool to facilitate the analysis of qualitative data. This was based on an original programme NUDIST, which was first introduced in DOS format in 1978. Although most people are aware of these packages, there is some uncertainty about their potential uses.

This introductory workshop aims to provide a basic overview of the QSR NVivo data analysis programme. The workshop will primarily target people who have no experience of NVivo, but will also aid those who have started to use NVivo and are at the early stages of their analysis.

1. Tour of NVivo A completed project will be presented at the beginning of the session, to provide an insight into the various features of a project, and a possible end-point for the analysis. This will include the basic principles of how NVivo works and the format of the programme. This is particularly useful to someone who is unfamiliar with NVivo as the project pad and explorers can be a little confusing. Offering a demonstration provides participants with the opportunity to gain an understanding of how the programme is structured, before using it hands on. Starting the workshop with an annotated tour of the programme helps users to overcome any initial reservations, as the features of NVivo can be fully explored. To illustrate the potential applications of NVivo, data will be presented from a variety of projects including patients' use of the internet and nurse education.

2. Working hands on with NVivo The second part of the session will adopt a hands on approach in which participants will develop skills in the following areas:

- creating a new project
- preparing and importing documents
- creating nodes
- coding
- modeling
- saving and backing up your project

Particular consideration will be given to how NVivo can have an impact on the coding structure. A series of support guides will be included, based on personal experiences of using the programme. Advice will also be given about how to deal with possible limitations, such as the temptation to 'over code' the data, due to the ease and speed at which coding can be conducted. NVivo offers the user much more than a quick way of coding and organizing data. An important misconception often held by new users is that CAQDAS programmes actually analyse the data. This workshop will help to dispel this myth by giving participants an insight into how the researcher interacts with the programme.

Throughout the workshop participants will be encouraged to reflect on their own research projects or interests and to consider ways in which they may wish to process their data using NVivo. If possible, participants are encouraged to bring some of their own data in the form of interview transcripts to work on during the session. Those who do not have access to data will be provided with some sample data to work on during the workshop.

In addition to the basic code and retrieval functions, programs such as QSR NVivo have a series of multi-functional tools which can further assist analysis. A brief demonstration of the more advanced tools, such as the search tool and attributes will also be provided towards the end of the session.

At the end of this workshop, participants will be equipped to set up their project and use the main functions of NVivo. The workshop aims to be as interactive as possible to ensure that with the right application, data analysis can be a much more meaningful and enjoyable process.

Pre-requisites:

- NVivo is a windows based programme and so this workshop assumes prior knowledge and

proficiency of working with a Windows operating system.

- A basic knowledge of analyzing qualitative data.

Wednesday 9 March

10.00 - 11.00

Workshop: 3

Creating Evidence Users: Transforming Traditional Research Curricula Using an Evidence-Based Practice Framework

Rona Levin, Lienhard School of Nursing, Pace University, Pleasantville, NY, USA

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Abstract:

This workshop will focus on the process of changing a traditional nursing research course into one using an evidence-based practice (EBP) framework. In this paradigm students and graduates are considered evidence users, not evidence generators.

The specific aim of the workshop is to help faculty rethink and revise their research courses using an EBP approach. The workshop leader will begin with a 20 minute introduction on how she revised a graduate research course in such a manner and include a comparison of the traditional versus EBP course description, objectives and content areas. In addition, the workshop leader will address basic principles and strategies to follow when implementing such a course.

These include: engaging students in collaborative work, helping students identify and focus clinical problems, discerning best evidence, separating learning and evaluation, building on previous work, providing sample papers, and encouraging drafting and redrafting of work. In addition, she will share the process of making this shift, and having other faculty "buy-in" to the approach and continuing to teach the course in the same manner.

The rest of the workshop will consist of sharing by leader and participants of concerns, success stories, ideas for making the paradigm shift, and teaching strategies to make such a course come alive and facilitate student learning. Several teaching strategies, which the workshop leader has used successfully, could be shared with participants.

These include:

- 1) creating an awareness of the knowledge upon which their practice is based (Identifying the Basis of Practice Policies and Procedures)
- 2) developing focused, searchable clinical questions
- 3) differentiating relevant vs. irrelevant evidence
- 4) preparing students to critique systematic reviews
- 5) Assessing Practice Protocols (for the advanced practice nurse)
- 6) the types of resource to suggest to students (i.e., books, articles, websites, etc.).

Through an e-mail message to potential participants, the workshop leader will encourage those attending to bring their current syllabi from undergraduate and graduate research courses in their curricula to the workshop for revision. The workshop leader will

be available to meet with any participant after the workshop session for additional consultation.

Level: Intermediate. Participants should be familiar with the principles of evidence-based practice.

Friday 11 March

11.15 - 13.15

Workshop: 4

Using creative imagination and artistic expression in research: A methodological workshop

Angie Titchen, RCN Institute, London, England and Brendan McCormack, Royal Group of Hospitals, Belfast and University of Ulster at Jordanstown and Faculty of Medicine, Nursing & Health Sciences, Monash University, Melbourne, Australia

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Abstract:

The gift of creativity is within each of us waiting to unfold (Allen, 1995) Janesick (2000) describes the process of designing a qualitative research study as a 'choreography' in which the choreographer (the researcher) has to consider the many twists and turns that are needed in order to design a rigorous research study.

On seeing the title of Janesick's work, excitement regarding the influence of the arts on the research process arose, but alas was short-lived. Janesick like many other researchers, whilst drawing on an artistic metaphor, fails in the substantive work to recognise the place of the arts in research. Indeed the most recent version of the 'qualitative researcher's bible' (Denzin and Lincoln, 2000) fails to acknowledge artistic processes as a form of data collection or critical inquiry. Others, such as Winter et al (1999) and McNiff (1998) see artistic processes as important features of research as a means of releasing creativity, alternative means of data collection and dissemination of research.

We also see the use of creative imagination and artistic expression going on beyond such means, for example, by enabling effective collaborative research teams or providing a focus for person-centred research that promotes human flourishing in both its means and ends. This experiential workshop is for participants who wish to become more methodologically creative and live the experience of research artistry. It is an opportunity for participants, whether novice, intermediate or advanced researchers, to experience the challenge of weaving left-brain, analytical, logical, rational thinking and reasoning, with right-brain creative imagination and artistic expression in the substance and the methodology of their research.

Participants will choose the creative arts media with which they wish to work, that is, painting, clay modelling, body sculpture, poetry or fantasy writing. The workshop is built on the findings of collaborative inquiries focussing on methodological and/or theoretical development. In these studies, the complementary use of creative imagination and artistic expression with critical reflection and dialogue was investigated, for example, in:

developing shared visions for the future; releasing creativity and accessing creative imagination;

- developing creative research leaders and teams;
- devising research questions;
- exploring ideas and designs;
- gathering, interpreting and presenting evidence;
- developing conceptual understandings and frameworks; creating new knowledge; supervising research students
- writing for publication; disseminating findings

More specifically, Higgs & Titchen (2001) used painting, movement, drama, music, poetry and fantasy writing to release the creative potential of an international group of academics, researchers, practitioners, artists and educators, at a Writers Retreat. The aim of the retreat was to co-create theoretical understandings of professional practice in health, education and the creative arts. Participants experienced the power of creative imagination and artistic expression in generating new theoretical understandings.

In the Seizing the Fire (2002) collaborative inquiry, another inter-professional group of individuals from health, social care, education and research settings sought to deepen their relationships with their own imagination & their understanding of the benefits of using creative arts for themselves. The aim was then to extend their learning from the above into the realm of professional practice (including research and evaluation practice):

- learning how the use of imagination and creative arts can be applied in professional contexts
- discovering the skills & support needed to apply these processes in professional practice
- investigating benefits they brought to themselves and the recipients of their professional practice.

As initiators and contributors to the Nuffield Trust (2004) Creative Arts Collaborative Inquiry, we have explored the structural, cultural, educational and political aspects of using creative arts in professional practice (including research and evaluation). In addition, we have facilitated the generation of an international theoretical framework for practice development using creative arts media (Practice Development Colloquium, 2004).

The purpose of this workshop is for participants to explore a range of creative and artistic means of engaging with research processes, (from planning through to dissemination) by releasing their own creative potential as researchers or stakeholders in the research (both quantitative and qualitative researchers). In working with this purpose, participants will have the opportunity to critique this experience and explore its possible uses in their own research practices.

As the use of creative imagination and artistic expression when working with others requires skilled support and facilitation, the workshop will be critically reviewed in order to identify key learning for the translation of the workshop facilitation processes into other aspects of research practice. Having identified from that review, the qualities, processes and skills required, participants will consider how they can be developed in themselves or where they can be sought, for partnership working, for example, with arts in health care practitioners.

References

- Allen P. (1995) *Art is a Way of Knowing*, Shambhala, London
- Denzin N. and Lincoln Y.S. (2000) *Handbook of Qualitative Research* (2nd ed.). Sage, London.

Higgs, J. & Titchen, A. (eds) 2001, *Professional Practice in Health, Education and the Creative Arts*. Blackwell Science, Oxford.

Janesick V (2000) *The Choreography of Qualitative Research Design*, in N. Denzin and YS Lincoln (eds) *Handbook of Qualitative Research* (2nd ed.). Sage, London (pp 379-400).

McNiff S (1998) *Arts-Based Research*. Shambhala, London. Nuffield Trust (in preparation) *Swallows to Other Continents: Strategic Paper on the Use of Creative Arts in Health Care*, London.

Practice Development Colloquium (2004) *Developing an International Theoretical Framework for Practice Development: A Workshop*, Dunchurch Park, Dunchurch.

Seizing the Fire Collaborative (2002) *Using the Arts in Research Work - Philosophical Twists and Methodological Turns, Enhancing Practice: Innovation, creativity, patient care and professionalism*, 2nd Annual Joint Conference, RCN Institute, RCN Research Society, Collaborative Action Research Network and Foundation of Nursing Studies, University of Keele.

Winter R; Buck A and Sobiechowska P (1999) *Professional Experience and the Investigative Imagination – the Art of Reflective Writing*. Routledge, London.

Symposia abstracts

Tuesday 8 March 2005

13.30 - 15.30

Symposium 1

Influences on the initiation and duration of breastfeeding in regional Australian women

Led by: Hegney Desley, School of Medicine, University of Queensland, Toowoomba, Australia.

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Co authors: Dr. Tony Fallon 1, Professor Desley Hegney 2, Ms Maxine O'Brien 1, Dr. Wendy Brodribb 3, Ms Jackie Doolan 1 1. Centre for Rural and Remote Area Health, University of Southern Queensland, Australia 2. Centre for Rural and Remote Area Health, University of Queensland 3. Australian Breastfeeding Association

The first two papers of this symposium report on Phases 1 and 2 of a study undertaken in Toowoomba, Queensland, Australia. Funded by the Australian Government's National Child Nutrition program, this research aimed to ascertain women's perceptions of breastfeeding support as well as to determine initiation and duration breastfeeding rates (Phase 1) and then to determine suitable interventions which may increase breastfeeding duration (Phase 2).

Determinants of breastfeeding at discharge and breastfeeding duration

Dr. Tony Fallon

Abstract:

Phase 1 identified determinants of breastfeeding behaviours for mothers delivering in two hospitals in a regional Australian town. Of the 920 eligible women, 625 participated. Using a structured interview tool, they were interviewed at discharge from hospital (either face to face or by telephone) and followed-up by telephone at three and six months post-partum. The exclusive breastfeeding rate at discharge was 82.4%; hospital choice and timing of feeding decisions were unique predictors of breastfeeding at discharge. By six months, only 6.3% of women were exclusively breastfeeding. The woman's age, intended introduction of solids and length of hospital stay were among the predictors of exclusive breastfeeding duration. Breastfeeding determinants from other contexts were observed to predict breastfeeding behaviours in this study, though divergence of determinants was nevertheless evident. Novel predictors were also identified. There remains a need to improve breastfeeding duration and to develop a reliable, valid actuarial tool to predict early cessation of breastfeeding. Following completion of Phase 1 of the study, based upon the results of the study, a telephone-based postnatal support intervention for infant feeding was introduced. The intervention was called the Infant Feeding Support Service (IFSS).

An Evaluation of a telephone-based postnatal support invention for infant feeding in a regional Australia city

Jackie Doolan

Abstract:

Due to the dispersed population of regional and rural Australia, it is not economic to provide postnatal breastfeeding support in the form of home visits.

This study evaluated a telephone-based support service called the Infant Feeding Support Service (IFSS). A prospective cohort design was utilized. Data for 696 women giving birth in the same two regional hospitals and participating in the IFSS between January and July 2003 was compared with data from a cohort of 625 women in the previous study. Each mother participating in the IFSS was assigned a lactation consultant as a case manager. First contact occurred 48 hours after discharge, and approximately weekly thereafter for four weeks. Breastfeeding duration was measured at three months postpartum. Results indicated high levels of satisfaction with the services at both hospitals, and a significant impact on exclusive breastfeeding duration at the private hospital. The IFSS, however, did not impact on breastfeeding duration at the public hospital. This small-scale intervention provided significant, though apparently context-sensitive, improvements to exclusive breastfeeding duration. We recommend that a clinical trial of an extended IFSS, incorporating ante-natal breastfeeding education and an extended period of support, be conducted. One of the major findings of these two studies was that women reported varying levels of confidence with breastfeeding. The IFSS was one mechanism employed to increase their confidence. However, further in-depth studies were considered necessary to examine self-efficacy in this population.

Is breastfeeding a confidence trick? Exploring the unique effect of breastfeeding self-efficacy in a rural Queensland population.

Maxine O'Brien

Abstract:

Although the physical, psychological, environmental and economic advantages of breastfeeding are well established, the majority of Australia women fail to breastfeed for long enough for the full range of these benefits to be conferred. This study aimed to test the ability of breastfeeding self-efficacy to make a unique contribution to breastfeeding duration, after taking into account the influences of other major socio-demographic variables. A questionnaire measured breastfeeding self-efficacy and other factors of interest in 150 postnatal in-patients in the same regional private hospital during 2003. Participants were telephoned at six weeks postpartum to ascertain their infant feeding method at that time. Breastfeeding efficacy scores made a unique addition to the prediction of breastfeeding duration after adjusting for the influence of 12 major socio-demographic variables known to affect breastfeeding duration. Cox regression revealed a 6% decrease in the probability of early breastfeeding cessation for every 1 point increase in breastfeeding self-efficacy score (scale score range = 14 to 70). Also, mothers deciding how to breastfeed their infant after they became pregnant were three times more likely to cease breastfeeding prematurely than mothers making that decision prior to becoming pregnant.

The final paper to be presented in this symposium is being undertaken in 2004. All of the preceding studies found that there were women who continued to breastfeed despite extraordinary difficulties.

Against all odds: A retrospective study of women who succeed at breastfeeding despite extraordinary difficulties

Maree Crepinsek

Abstract:

This retrospective, case controlled study, funded by the Queensland Nursing Council sought to comprehensively describe a group of women who had successfully breastfed despite extraordinary breastfeeding difficulties. Semi-structured qualitative interviews (face to face and by telephone) were conducted with 20 women and 20 matched controls to seek insight into factors including: the woman's personality characteristics and perceptions of her baby's behaviour; level of breastfeeding knowledge and social support; coping and stress management skills; perceived useful sources of breastfeeding support; and attitude and commitment to breastfeeding. Women's stories of their breastfeeding experience were used to determine the degree of difficulty they had faced. Characteristics common to successful breastfeeders and any potentially modifiable factors capable of improving future breastfeeding duration rates, were identified.

Recommended reading:

Dennis, C. L. (2002). Breastfeeding initiation and duration: A 1990-2000 literature review. *Journal of Obstetrics, Gynecologic, and Neonatal Nursing*, 31, 12-32.

Scott, J. A., Landers, M. C. G., Hughes, R. M., & Binns, C. W. (2001). Factors associated with breastfeeding at discharge and duration of breastfeeding. *Journal of Paediatrics and Child Health*, 37, 254-261.

Hauck, Y., Langton, D., & Coyle, K. (2002). The path of determination: Exploring the lived experience of breastfeeding difficulties. *Breastfeeding Review*, 10, 5-12.

Symposium 2

Supporting families whose children having disabling conditions and illnesses (14)

Symposium Leader: Professor Roy McConkey, School of Nursing, University of Ulster, Co Antrim, Northern Ireland.

Chair: Rosario Baxter, School of Nursing, University of Ulster.

Co presenters: Owen. Barr, School of Nursing, University of Ulster, Londonderry, Northern Ireland

Eamonn Slevin, School of Nursing, University of Ulster, Jordanstown, Northern Ireland

Maria Truesdale, School of Nursing, University of Ulster, Jordanstown, Northern Ireland

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This 90 minute symposium consists of five papers that together focus on four main themes:

- Family and parental needs are often overlooked by health professionals as they focus primarily on the child with the disability or chronic illness (Department of Health, 2001)
- Stress, poorer health and impaired family functioning are frequently reported by parents (Lloyd, 1997).
- The delivery of family-centred care is attainable and the starting point is a better understanding of parental perspectives (Sloper, 1999).
- The research methodologies used in these studies can be adapted by practitioners in doing this. The first paper provides an overview of the key issues.

The outcomes of three major research studies are then reported that highlight the needs of parents. The final paper provides an example of a newly established, family-centred support service and the impact it had on families.

Walking the walk with families

Rosario Baxter, School of Nursing, University of Ulster, Coleraine

Abstract:

Research indicates that families encounter a range of obstacles when attempting to access health services for their children. Families are often starting with a disadvantage as newcomers to the system which requires them to undergo a steep learning curve in relation to the machinery and their navigation of health and social care. The success of their learning is dependent on a number of factors. Institutional and political vectors, the professional commitment to include, educate and advocate for families, and the stamina of families to withstand other difficulties, can adversely or positively impact upon their mastery of the system. Uncertainties that prevail about the child's prognosis, the financial and social costs of having an ill or disabled child and the psychological threat to the integrity of the family, (especially siblings) combine to create a milieu which can impose a very heavy burden on families. Even expert parents of an ill child can have their wishes denied and their decisions sterilised as for instance when trying to gain even minimal access to respite services. The ethical mandate to act in the families interests as coalescent carers, on a shared journey, presents professionals with a unique opportunity to safeguard and promote the

autonomy of families and children that can produce benefits for all.

More than just another test: what makes genetic investigation different?

Owen. Barr, School of Nursing, University of Ulster, Londonderry.

Abstract:

All parents of children attending a Regional Clinical Genetics Service for the first time were invited by letter to participate in the project which aimed to discover their perceptions of genetic investigations and how these changed within 6-8 months after the appointment. Seventeen parents completed a questionnaire prior to their appointment and participated in an interview approximately 1 month after the appointment and again 6-8 months later. Qualitative analysis of data was undertaken using NVivo and key themes were identified. These indicated parents' needs for information as they found this a worrying time; they perceived the appointment as very different from previous ones and they were unclear about the usefulness of the experience in helping them adapt to having a child with disabilities, but still valued the opportunity to attend such an appointment. It was concluded that parents need specific support prior to, and following an appointment with clinical genetics services and that this should be provided locally and collaboratively by primary care, learning disability and genetics services.

Families who have preschool children with an autistic spectrum disorder

Roy McConkey, School of Nursing, University of Ulster, Jordanstown.

Abstract:

To date, many interventions for autism have focussed solely on the child and the needs of families have been largely ignored. Over 80 mothers of preschool children with a confirmed diagnosis of Autistic Spectrum Disorder were interviewed at home to ascertain the impact this had on their lives. In particular data were gathered on the mothers' health and well-being; the family's involvement in community activities; the informal supports available to parents as well as professional supports they received and found helpful. A home-based intervention programme was instituted and evaluated with 30 families. Although this produced discernible improvements in the children's social and communication behaviours, the impact on families was not so apparent. This suggests if real change is to be created in a family's quality of life, interventions may need to take a more holistic, family-centred focus rather than the autism-specific methodologies that have been prevalent to date

Caring for people with learning disabilities in community settings: carers' views of the support they receive

Eamonn Slevin, School of Nursing, University of Ulster, Jordanstown

Care and support for people with learning disabilities is now less reliant on institutional type service provision. The aim of this study was to determine the views of carers with respect to the support they receive from community learning disability teams, and to gain a glimpse of their day-to-day life as carers. The method employed was focus group interviews. Data obtained from the focus groups

were analysed by content analysis. Findings identify a number of gaps in community-based services for people with learning disabilities, and illuminate the unending nature of the caring role for family members.

Supporting families in Northern Ireland who have children with severe intellectual disabilities

Maria Truesdale, School of Nursing, University of Ulster, Jordanstown

Abstract:

Families caring for a child with an intellectual disability are often subjected to increased stress that adversely affects parental well-being and family functioning. This study examined the impact of a newly created, family-centred support service with 25 families who were interviewed prior to the service starting and after having been involved for nine to twelve months. Two contrast groups of parents were also recruited consisting of families from the same geographical area and from a different area who were also interviewed on two occasions. Standardised measures were used to assess stress, well-being, coping and family functioning among mothers and fathers. Data analysis revealed that the new service had a positive impact, with parental scores on family functioning significantly increasing over time and in comparison with the contrast groups. It is concluded that family-focused support services can enhance both well-being and family functioning through promoting, and building upon, the existing individual family strengths and coping strategies.

Recommended reading:

Department of Health (2001) Family Matters: Counting Families In. London: DoH.

Dyson, L.L. (1997). Fathers and mothers of school-age children with developmental disabilities: parental stress, family functioning and social support. *American Journal on Mental Retardation*, 102 (3), 267-279.

Sloper, P. (1999) Models of service support for parents of disabled children. What do we know? What do we need to know? *Child: Care, Health and Development*, 25 (2), 85-99

Wednesday 9 March

10.0 - 11.00

Symposium: 3

The clinical education project

Led by: *Amelia Sawyer, Department of Nursing & Midwifery, Keele University, Stoke on Trent, England*

Co presenters: *Annette Jinks, David Latham, Joan Ashdown-Lambert, Helen Colley, Wynne Thomas, Stephanie Tooth and Sue Bowers*

✉ a.sawyer@keele.ac.uk

Background to the Clinical Education Project

Annette Jinks and David Latham

Abstract:

This project was commissioned by the Shropshire and Staffordshire Strategic Health Authority Workforce Development Directorate as a two year project to be undertaken by staff at Keele and Staffordshire Universities. The aim of the project is to enhance the clinical learning environment at the two universities. Underpinning this is a desire to align the practices of the universities in terms of monitoring and enhancing clinical learning experiences. It was decided a number of areas were to be addressed including clinical audit, clinical mentors' needs and new ways of working. In each area a number of investigations and practice development activities have been undertaken. Work in the areas of clinical audit and clinical mentors' needs are now largely complete. Projects involving new ways of working are ongoing. Prior to commencement of the project all appropriate ethical, research and development and access permissions were obtained. Any additional ethical, trust research and development committee approval or access permission were sought as necessary.

Clinical Audit

Joan Ashdown-Lambert, Helen Colley, Wynne Thomas and Stephanie Tooth

Abstract:

This phase explored how clinical audit documentation and audit processes of the two universities could be standardised and how the validity and reliability could be enhanced. Initial work involved a documentary analysis. Following this audit documentation was developed for use in a pilot at Keele University. An innovation concerning how clinical audits were undertaken had already been planned at Staffordshire University. Two pieces of work contributed to the evaluation of the new clinical audit documents at Keele and the new processes introduced at Staffordshire. They were a concurrent evaluation of clinical audits undertaken by staff at Keele and a retrospective evaluation of audits undertaken by staff at Staffordshire. Both evaluations involved adopting a broadly qualitative approach. Face-to-face semi-structured interviews (n=30) were undertaken with all those involved. Participants included lecturers, clinical placement facilitators and clinical staff. Data were analysed using a thematic content analysis approach. The findings of both evaluations were generally positive as giving the opportunity for collaborative working, sharing of best practice and standardisation of

approaches. It was concluded that clinical audit can be conceived as being a full time job.

Clinical Mentor Needs

Sue Bowers

Abstract:

Work investigating the needs of mentors of nursing, midwifery and health visiting students has been undertaken, involving a survey of all mentors affiliated to the Universities. Both universities hold half day updating sessions which mentors are required to attend to remain on the mentors' register. The survey explored factors including information mentors would like to receive and how they would prefer to be updated. Quantitative approaches were adopted and a structured questionnaire was used. Following pilot study work the questionnaire was sent to 3273 mentors (27% response rate). The questionnaire found that the majority of respondents were on average mentoring one student at one time and found this to be 'about right'. The respondents reported that they need personal contact with university staff, that updates should be held in convenient places and that individual reminders are necessary when mentor updates are due. Respondents reported that consideration is needed for alternative ways of updating such as use of on-line updating. The results indicated that the role of the clinical placement facilitator is essential in supporting mentors and students. Support for the introduction of peer review of clinical assessment practice was also shown.

Introducing Peer Review of Clinical Assessments

Amelia Sawyer

Abstract:

The aim of this phase is to investigate and evaluate the rigor and standardization of approaches applied to clinical assessments in nursing and midwifery practice, and to conduct a pilot study to investigate and evaluate peer review of clinical assessment in acute clinical settings. Peer review is common and takes place in a number of student and professional environments. However, a literature review showed a shortage of studies investigating peer review in the UK particularly in pre registration clinical education. Participants will attend training before start of the pilot project. Each participant will then carry out one peer review and be peer reviewed once. The subject of the peer review will be an interim clinical assessment interview conducted with a nursing or midwifery student. A standardized observation schedule will be used which will be the focus of feedback by the reviewer to the reviewee after the assessment interview. All participants will be interviewed before the review and take part in a focus group afterwards. The students will be interviewed about their experiences after the review. A thematic analysis of the data will take place to identify common themes.

What next?

David Latham and Annette Jinks

Clinical Audit

The clinical audit documentation has been widely disseminated and comments invited. This especially refers to inviting comments from other healthcare educators who are responsible for a wide range of disciplines. There is general agreement to adopt the core principles of the approaches to clinical audit and the audit documentation. Clinical Mentor

Needs Keele University has introduced a scheme for mentors to update online. Staffordshire University is considering similar approaches. Keele has undertaken development of web based material for students and mentors and work is currently being undertaken to develop similar access at Staffordshire. Peer Review of Assessments A similar project has been carried out at Staffordshire University in the Mental Health and Community areas with nurses. It is hoped that the system can be piloted in other areas and other disciplines across the region. Future Project It is planned to undertake a qualitative evaluation of the role of the clinical facilitators. A number of interviews will be undertaken with past and current post holders.

Conclusions:

Undertaking this project is timely in view of the emphasis bodies such as the NMC and QAA are placing on assessing the quality of clinical education opportunities. The project has yielded a number of interesting findings which will be fed into clinical education provision at both universities. It is concluded that by improving education provision and learning for today's students the care delivery they provide in the future will be improved.

Recommended reading:

English National Board for Nursing, Midwifery and Health Visiting & Department of Health (2001) *Placements in Focus*. London: ENB & DOH

QAA (2001) *Code of practice for the assurance of academic quality and standards in higher education*. Section 9: Placement Learning.

Royal College of Nursing (2002) *Helping students get the best from their practice placements*. London: RCN

Symposium: 4

Through a long lens: A historical appraisal of care for people with long term conditions (30)

Led by: Stephanie Kirby, Faculty of Health & Social Care, University of the West of England, Bristol, England

Co presenters: John Adams, Academic Programme Leader (Master of Studies Degree) Homerton School of Health, University of Cambridge, Cambridge, England.

Matthew Godsell RNLD; PhD; Senior Lecturer Faculty of Health & Social Care University of the West of England, Bristol, England

✉ stephanie.kirby@uwe.ac.uk

Abstract:

As a practice orientated profession nursing may never have the luxury of supporting history for history's sake - but the study of its history for the profession's sake is recognised as an imperative to understanding the position of nursing and health care in society (Church, 1990). This understanding is essential if nursing is to rise to the challenge of policies, which will have a direct impact on nurses and nursing. A recent example of such a policy is the NHS Improvement Plan (Department of Health 2004), which builds on the NHS Plan and targets in particular the care of people who have long term conditions. It aims to provide high quality and personalised care for this client group developing the culture, systems and working practices of every care setting to this end. The Improvement Plan draws on the concept of the 'expert patient' to enable people with long term problems to take greater control of their own treatment, supported by NHS professionals in the community when they need it. Similarly, the National Service Framework for Mental Health (1999) has at its core a commitment to 'involve service users and their carers in planning and delivery of care'. How easy will this be to achieve? To what extent are culture and working practices determined by physical location or individual practitioners? How much influence do nurses have on that culture? How significant is the role of the nurse as educator and advocate? These are issues that can be examined through the lens of history.

Each of the three presenters in this symposium will use a historical example of care of people with long term problems to consider these issues.

John Adams will illustrate conflict and consensus over early strategies to involve clients in making decisions about their care by revisiting developments at Fulbourn Psychiatric Hospital 1950-1980. Fulbourn Hospital in Cambridge in the first decades of the NHS, under the charismatic leadership of Dr David Clark was the site of experiments in social therapy which attracted international attention. While these developments were managed by doctors, the role of the nursing staff was crucial in their implementation. Some nurses made major contributions to these innovative practices, while others remained hostile. Despite the apparent success of this model of care, at least for some patients, the appointment of a new professor of psychiatry led to a radical change of direction for the hospital. Social therapy was abandoned in favour of a 'biological model' in which the role of the nurse was simply to administer the treatment prescribed by the psychiatrist. Group activities were marginalised, and then ceased. So a historical examination of the 'social therapy' innovations at Fulbourn designed to

foster patient empowerment, and their subsequent replacement by a 'biological' model of medical treatment, may contribute to an understanding of current debates in the field of mental health. People suffering from tuberculosis (TB) provide a historical example of the 'expert patient'. Nurses delivering a service to clients with TB continue to contend with social exclusion of their patients. In the first half of the twentieth century this exclusion was within the physical isolation of TB sanatoria and ventures such as Papworth Village Settlement. Although isolated from family and friends many TB patients felt that in the sanatoria they were with co-sufferers who understood and empathised with them. This contrasted with the suspicion they encountered on their return to their old neighbourhoods and the difficulties they encountered trying to return to employment. One answer to this was to establish communities of recovering TB patients. The village settlement movement set up self-sufficient communities where TB patients could live with their families and work and support themselves materially. However, as with many other institutions there was stagnation into routinised practice. In these settings nurses, on the one hand, might have perpetuated these regimes but, on the other hand, struggled to provide quality care for individual patients.

Stephanie Kirby will explore these dilemmas using evidence from archival and oral sources from the history of TB nursing.

Matthew Godsell will examine the transition from institutional to community care for people with learning disabilities. The presentation will use historical evidence to examine the experience of staff and residents from Stoke Park Hospital in Bristol. Stoke Park was established as a Special Industrial School in 1909. Between 1909 and 1916 the site expanded and the School became a part of Stoke Park Colony for Mental Defectives. The Colony performed two roles. One was to create a secure environment for people who were considered at risk in the community. The second was to create a cordon sanitaire around a "problem" group which had been labelled as a threat to national prestige and prosperity. Stoke Park Hospital occupied the same site until it was closed in 1997. Over the course of the twentieth century social policy and nursing practice relating to the care of people with learning disabilities went through a succession of changes. The focus of national policy changed from isolation and segregation to inclusion and integration. Nurses performed a pivotal role in the daily routines which have been characterised as a part of the institutional regime. By the end of the century many of the nurses working in Stoke Park Hospital saw their interventions as a way of assisting people with learning disabilities to assert their presence in the community and as a way of encouraging them to participate in social activities alongside other citizens. The presentation will use historical material from Stoke Park to explore how nurses have interpreted, maintained, accelerated and obstructed the process of social change and the transformation of professional practice. Material relating to nursing practice and the history of Stoke Park has been derived from a combination of sources that include archival work, documentary analysis and interviews. Using examples from a particular time frame necessitates that the presenters consider the initial questions posed in relation to institutional settings. However, treating people in the community brings its own challenges. While history cannot provide definite guidance for contemporary clinical practice, an understanding of the past can illuminate current issues and dilemmas.

Questions generated by the presentations will form the basis of a discussion between presenters and audience chaired by Stephanie Kirby at the end of the formal presentations.

Recommended reading:

Church, Olga M. (1990) 'New Knowledge from old truths: problems and promises of historical inquiry in nursing' in Closky, J & Grace, H eds. *Current Issues in Nursing* 3rd ed. St Louis, Mosby, St Louis in nursing' in Closky, J & Grace eds. *Current issues in Nur*

Department of Health (1999) *National Service Framework for Mental Health: modern standards and service models*, London, DoH DoH, London, DoH

Department of Health (2004) *The NHS Improvement Plan: putting people at the heart of services*, London, The Stationary Office

14.00 - 15.30

Symposium: 5

The challenges of supporting vulnerable adults to take part in research: legal, ethical and practice implications

Lead by: Ruth Northway, School of Care Sciences, University of Glamorgan, Pontypridd, Wales

Co presenters: Paul Wheeler, Senior Lecturer, Christine Hutchinson, Consultant Nurse, Ian Mansell, Principal Lecturer & Robert Jenkins, Principal Lecturer Older People

✉ rnorthwa@glam.ac.uk

History provides many examples of how some vulnerable groups of people have been subjected to harmful and degrading treatment in the name of research. One response to this is to argue that people with mental health problems, people with learning disabilities and some older people with cognitive impairments should not take part in research. However, such a position might also be viewed as unethical since it means that their views and experiences are invisible within research and it can exclude them from access to potentially helpful interventions (RCN, 2004). Researchers are thus faced with the challenge of developing strategies which enable vulnerable adults to take part in research if they so wish. Nonetheless, this challenge must be faced in the context of changing legal requirements and the implementation of research governance (Department of Health, 2004).

This symposium seeks to provide an overview of legal and ethical requirements when working with vulnerable adults in the context of research. Examples of strategies used in two research studies to promote involvement of people with learning disabilities and older people will also be given. The aim is to raise awareness of the key issues, to explore possible solutions, and to promote discussion amongst those attending.

A Legal Perspective

Paul Wheeler, Senior Lecturer

Abstract:

The issue of consent to research by people with mental health problems and learning disability is currently complex and may serve to exclude them from the research proves. This paper will commence by discussing the current legal situation regarding the issue of consent to participate in research by women and men with learning disabilities or who are otherwise regarded as lacking capacity. It will then discuss the proposed law relating to this issue as contained in the Mental Capacity Bill presented to the Houses of Parliament in June 2004. Practice implications arising from the proposed changes in the law will be highlighted.

The Perspective of the Ethics Committee

Christine Hutchinson, Consultant Nurse

Abstract:

The role and function of Research Ethics Committee's can at times feel like a poisoned chalice! However they have an important part to play in ensuring that the rights and welfare of potential research participants is protected through rigorous review of research proposals. This paper will explore the membership and key roles of the Research

Ethics Committees with the presenter reflecting on personal experience as a previous applicant and current Committee member. From this personal reflection, the paper will seek to highlight the key issues that concern Research Ethics Committees in relation to vulnerable adults and the context within which they operate.

Supporting People with Learning Disabilities to Participate in Research Presenter

Ian Mansell, Principal Lecturer

Abstract:

Seeking and gaining consent to participate in research from people with learning disabilities can present the researcher with particular challenges. Historically these challenges have led researchers to seek the views of families and carers rather than directly accessing the experience of people with learning disabilities themselves. However, it is increasingly being recognised that such a position is not appropriate and that strategies should be developed which support the inclusion of people with learning disabilities themselves, particularly in research which concerns issues directly affecting their lives. This paper will provide an overview of how systems were developed in the context of one participatory research study to support people with learning disabilities to make informed decisions concerning their participation. The importance of accessible information, of personal contact and of viewing consent as a process rather than as an event will all be discussed.

Strategies to Support the Participation of Frail Older People in Research

Robert Jenkins, Principal Lecturer

Abstract:

Older people with cognitive impairments are one group of people who may find it difficult to give informed consent in the context of research. This paper will focus on one research project which sought the views of older people living in residential care concerning advocacy. The local research ethics committee asked the researchers to find ways of enabling those with cognitive impairments to take part in the research if they so wished since they felt they were a group most in need of advocacy and it would be unethical to exclude them. The research team thus developed a system of using an 'independent monitor' where residents expressed a desire to take part but could not give informed consent. The role of the monitor was to ensure that information concerning the study was given, that the resident had freely given their assent to take part, and that their best interests were observed at all stages during interviews. This strategy, along with attention to how information was presented enabled the views of people who would otherwise have been excluded to contribute to the study.

Recommended reading:

Department of Health (2004) Research Governance Framework for Health and Social Care, London: Department of Health

Royal College of Nursing (2004) Research Ethics, London: RCN

14.00 - 15.30

Symposium: 6

Learning from our troubled past: Northern Ireland 1969 - 1998

Led by: Jean Orr, Professor, School of Nursing & Midwifery, Queen's University, Belfast, Northern Ireland

Co presenters: Una Lynch & John Power

Abstract:

The aim of this symposium is to share with nursing, midwifery and other health care professionals, the lessons that have been distilled, from research exploring the impact of the "Troubles" on people in Northern Ireland. The experiences of the public generally and nurses, midwives and health visitors in particular will be examined.

The symposium will be facilitated in partnership between the School of Nursing and Midwifery at Queen's University Belfast and the WAVE Trauma Centre, Northern Ireland. WAVE is an established and respected Non Governmental Organisation (NGO) which provides support for victims of the "troubles" and their families. The organisation works across Northern Ireland from five outreach centres and from a series of satellite drop-in initiatives. A central ethos of the organisation is that of self-help, and support initiatives are tailored around this concept.

The symposium will draw on the findings of two major research studies:

- The Cost of the Troubles. An extensive, qualitative study examining the impact of sectarian violence on the people of Northern Ireland..
- An exploration of the experience of nurses, midwives and health visitors working through the "Troubles": 1969 - 1998.

This is an ongoing study being carried out in collaboration between Queen's University and WAVE. Although there were various episodes of violence within Northern Ireland during the late 1960s, 1969 is the year that is widely recognised as marking the beginning of the "Troubles." Similarly there is no exact date marking the end of the 'Troubles'; however the IRA ceasefire of 1994 marked a significant watershed in the reduction of sectarian violence, a development that was further consolidated by the Belfast (Good Friday) Agreement in 1998. For these reasons this study focuses on the period 1969 to 1998. The limited existing research, highlights the powerful impact of working in conflict situations, and the effect that this can have both physically and emotionally well being of staff. There is however a need to undertake further research that is capable of 'informing' existing gaps in knowledge.

While the majority of studies have focused on the impact of either 'one-off' events or relatively short-term conflict situations, the effects of working in the context of long-term conflict remain relatively under-researched. This is particularly true within the Northern Ireland context where nursing professionals belong to or are perceived to belong to, one or other of the communities, within the sectarian divide. An initial pilot study helped to refine the research methodology. Subsequently semi structured one to one interviews, were undertaken with a cross-section of hospital and community-based nurses, midwives and health visitors.

The only inclusion criteria for participation in the study, was that the interviewees had been in practice at some stage during the period 1969 to 1998.

Introduction

Prof Jean Orr

This paper will open the symposium by setting the scene and orientating the audience to the political context of the "Troubles" that prevailed in Northern Ireland in the period 1969 – 1998. It will provide an insight into the historical context outlining key events: major bomb incidents, the hunger strikes and significant political developments including internment, the 1994 IRA cease fire and the Belfast agreement in 1998.

Wave NI NGO Transgenerational Trauma

The focus of this paper will be on the effects of transgenerational trauma at an individual, family and societal level. Transgenerational Trauma has special significance in areas of the world in which there has been conflict, with resulting traumatic death and injury. In Northern Ireland there are approximately 100,000 people living in households where someone has been injured or killed in a 'Troubles' related incident. Silence and denial have been major coping mechanisms throughout the 30 years of the 'Troubles.' Children and young people in particular have been sensitive to their parents' need for silence around traumatic incidents and in many cases a double wall has formed between generations: parents do not tell and children do not ask. Many of the new referrals coming to community based self help organisations such as WAVE, are from adults who were children in the 1970s and 1980s and who are only now beginning to address what has happened. The emergence of transgenerational trauma is clearly evident in a country coming out of a protracted period of conflict.

Midwifery

Safety and security are widely recognised as being key building blocks for health and HEALTH21 (WHO, 1999) places a healthy start in life centre stage, in a strategy to achieve full health potential for all in Europe. In Northern Ireland during the troubles the traditional socio-economic conditions that militate against a healthy start in life were compounded by the political and civil unrest that prevailed. This paper will explore the unique experience and insight of midwives working during the "Troubles:" during the early years (1960s and 70s) when home births were still very common occurrences, often within many of the conflict interface areas.

Community and Hospital Nursing

The "Troubles" impacted in the more obvious frontline areas such as nursing in accident and emergency, orthopaedics and general theatres. But the impact of the "Troubles" was evidently felt across the spectrum of nursing practice at both personal and professional levels. This paper will explore in more depth the emerging themes from the pilot study in particular the undoubted professionalism that characterised much of nursing during this period. Other themes will include inter-alia; the tension between the person and the professional ie maintaining impartiality in the provision of care; cultural and religious differences; the very real fear of violence; the routine avoidance of addressing the "Troubles" in (daily) working life; the supportive camaraderie that existed amongst nurses; the lack of institutional support at all levels and the alternative coping mechanisms employed by nurses.

Plenary discussion

The chair will facilitate a plenary discussion between the researchers and the audience addressing inter-alia both methodological and thematic issues arising from the studies. This discussion will also explore the potential to build on this work through collabora-

tive research, and to identify further work within this area.

Recommended reading:

Fay, MT, Morrissey, and Smyth, M (1997) The Cost of the Troubles Study: Mapping troubles - related deaths in Northern Ireland 1969 - 1994 L'Derry: INCORE

Hendel T. et al. (2000) Strategies used by hospital nurses to cope with a national crises: a manager's perspective, International Nursing Review 47: 224-31

Smyth M., Morrissey M., Hamilton J. (2001) Caring Through the Troubles, Belfast: North and West Belfast Trust

16.15 – 17.45

Symposium: 7

Postnatal Depression- Linking Research and Practice

Led by: Marlis Bunyan, University of Abertay, School of Computing and Advanced Technologies, Dundee, Scotland

Co presenters: Michael Sykes & Margaret Muir

✉ m.bunyan@abertay.ac.uk

Introduction

Mental Health and the specific issues relating to the perinatal period have been identified as an area of national priority in Scotland. The impact on the whole family, the prevention of maternal deaths (Royal College of Obstetricians and Gynaecologists 2001), child protection and the need to involve patients, carers and the public are important policy themes (Scottish Executive 1999). The inception of Quality Improvement Scotland reflects the commitment to evidence based practice. Within this framework clinical guidelines have been developed to inform practice and address the care of women suffering from perinatal mental illness (Scottish Intercollegiate Guidelines Network 2002). Patients, local researchers, clinical practitioners and clinical governance are collaborating in Tayside to improve the well-being of mothers and their families. The proposed symposium aims to demonstrate how policy and research can be integrated to inform multi-disciplinary practice development. This will be achieved by presenting an outline of relevant policy and evidence followed by a detailed description of two studies exploring the experience of service users. The session concludes with a demonstration of how research utilisation theory has been applied in practice through the development of an integrated care pathway (ICP).

Perinatal Mental Health-Policy and Research Background

Michael Sykes

Women's experiences of the EPDS

Margaret Muir

Couples and PND

Marlis Bunyan

The Tayside Mental Health ICP

Michael Sykes

Women's experiences of the EPDS

Margaret Muir

Abstract:

A qualitative study of women's experiences of being screened for postnatal depression by Health Visitors using the Edinburgh Postnatal Depression Scale The Edinburgh Postnatal Depression Scale (EPDS) is widely used as a screening tool (Cooper and Murray 1998) to inform the diagnostic decision making process. At the time of this study it was being introduced gradually into local health visiting practice. Concern had been expressed in studies about whether women would attempt to conceal depression due to fear of being labelled a failure (McIntosh 1993). Acceptability of the EPDS for women had only been measured by quantitative research methods (Murray and Carothers 1990).

This study explored and described women's views of the acceptability of the EPDS and whether women conceal symptoms of postnatal depression while being screened. In depth interviews were carried out with 21 women who had recently been screened by the EPDS.

The principle of grounded theory was used to analyse the data collected from these interviews. The methodology used for the study was found to be suitable to explore the subjective opinion and experience of the respondents.

The data suggested that the skills of the health visitor, which was part of a woman centred approach, were important in ensuring the acceptability of the EPDS. For women whose self-esteem was already low, the EPDS provided an acceptable alternative to expressing feelings verbally. Acceptability may be affected if the woman does not know the health visitor or other people are present whom she suspects has negative viewpoints about depression. Postnatal depression screening has to be sensitive to how women conceptualise motherhood and postnatal depression. This has implications for the administration of the EPDS.

Couples and Postnatal Depression: How do couples define 'support' at a time of stress?

M Bunyan

Abstract:

Research in Postnatal Depression has focussed so far on the experience of women and the causality of the illness, while partners and other family members are expected to support the woman (Ray and Hodnett 2001). This study explores the experience of Postnatal Depression for both partners in the parenting relationship and aims to identify their related support needs. 17 couples were interviewed in depth, both jointly and individually. Grounded Theory and the constant comparative method have informed the analysis. Family Systems Theory guides the exploration of the issues relevant to the relationship and has been utilised to map the couples' support networks. The work so far suggests that couples experience a range of emotions and considerable stress in their relationship. Feelings of rejection, helplessness and frustration predominate the narrative for the men. Women appear to undergo a process of "redefining normality" as part of their journey towards recovery. Support networks focus on the woman, while the male partner provides a range of support functions often with minimal access to support for himself. The work to date offers a new perspective on the needs of couples with experience of Postnatal Depression. This has implications for clinical practice and the provision of health care for these families.

The use of an integrated care pathway in order to improve patient

Michael Sykes care

Abstract:

The third presentation in the symposium will reflect upon the development of an integrated care pathway for perinatal mental health. The literature on research utilisation, factors influencing the development of the pathway and recommended steps to implementation will be explored. The presentation thus seeks to demonstrate a route to bridge the gap between research, research utilisation theory and multidisciplinary practice. While research utilisation interventions are situation dependant and vary in their effectiveness as is recognised by SIGN 50, a number

of mechanisms which influence research impact on practice are suggested (Walter, Nutley et al. 2003; Scottish Intercollegiate Guidelines Network 2004). The reasons for developing an integrated care pathway for perinatal mental health in Tayside and the process through which it is being developed are described. Practical suggestions for the implementation of evidence and the development of an integrated care pathway are made (Royal College of Nursing 2003). It is suggested that research thus informs and is an integral component of clinical practice development. The Initiative in Tayside aims to utilise an evidence-based approach to improve perinatal mental healthcare in the region.

Recommended reading:

Cooper, P. J. and L. Murray (1998). "Postnatal Depression." *British Medical Journal* 316: 1884-1886.

Ray, K. L. and E. D. Hodnett (2001). "Caregiver support for postpartum depression." *The Cochrane Library* 2(3): 7p.

Scottish Intercollegiate Guidelines Network (2004). A guideline developer's handbook, SIGN <http://www.sign.ac.uk/guidelines/fulltext/50/index.html> accessed 31.08.04

16.15 – 17.45

Symposium: 8

Lessons from practice- reflecting on communication across the nursing disciplines

Led by: Fiona Timmins, School of Nursing & Midwifery, Trinity College Dublin, Ireland

Co presenters: Catherine McCabe, Lecturer, School of Nursing and Midwifery Studies, Dublin, Ireland

Colin Griffiths, Lecturer, School of Nursing and Midwifery Studies, Trinity College, Dublin, Ireland

Madeline Gleeson, Clinical Placement Co-ordinator, St. Patrick's Hospital, Dublin, Ireland

Joan O'Shea, Neonatal Intensive Care, Coombe Women's Hospital, Dublin, Ireland

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Patient-Centered Communication from a Patients' Perspective

Catherine McCabe, Lecturer, School of Nursing and Midwifery Studies

'Interpreting the interactions of people with profound communication Difficulties'

Colin Griffiths, Lecturer, School of Nursing and Midwifery Studies, Trinity College, Dublin

The use and clinical effectiveness of touch as a nursing intervention in Acute Mental Health Settings

Madeline Gleeson, Clinical Placement Co-ordinator, St. Patricks Hospital, Dublin & Fiona Timmins, Lecturer, Trinity College Dublin.

The experiences of parents of infants admitted to neonatal intensive care

Joan O'Shea, Neonatal Intensive Care, Coombe Women's Hospital, Dublin 8

Communication is generally understood to be a reciprocal process of sending and receiving messages using a mixture of verbal and non-verbal communication skills. Sheppard (1993) suggests in the context of the nurse-patient/client relationship, communication is a more complex process as it also involves transmitting feelings, recognising these feelings and letting the patient know that their feelings have been recognised. Literature supports this view and indicates that patient/client centered communication is fundamental to the delivery of high quality and individualised patient/client care across all nursing disciplines. This symposium presents key aspects of communication in the nurse-patient/client relationship within general nursing, mental health nursing, intellectual disabilities and neonatal intensive care. It is hoped that the strengths of nurse communication will be provided as a backdrop to a more critical discussion with the audience around possible areas for providing and enhancing quality care in this area through communication.

The first paper explores patient-centered communication as a fundamental ingredient for the development of a positive nurse-patient relation-

ship. It is well documented that nurses do not communicate well yet despite their perceptions. Very few studies examine patients' experiences; what patients' value in the interaction is unclear. As a result, nurses make assumptions about and may base communication on their views only and those of the patients remain unknown and not elicited. A hermeneutic phenomenological research approach was used in this study to explore patients' experiences of how nurses communicate. Four themes emerged as follows; 'lack of communication', 'attending', 'empathy', and 'friendly nurses'. The paper provides a forum for the discussion of possibility that nurses can communicate well with patients when they use a patient-centered approach; but that the task-centered approach to patient care is alive and well.

The second paper focuses on communication difficulties with people who cannot communicate verbally due to intellectual disabilities. People with severe and profound intellectual disabilities find great difficulty communicating with others. They rarely communicate using speech or specific formal signing systems and they are often reliant on others to interpret the meaning of their communications (Grove et al 1999). Traditionally nurses and significant others in their lives have learned that particular sounds, gestures, inflexions and behaviours that clients with these severe forms of disability make have inherent meanings that are peculiar to the individual concerned. These quasi communicative phenomena are generally conceived as operating at the pre-intentional level—that is these behaviours may or may not indicate intent to convey meaning to someone else, they may simply be superficial manifestations of internally generated emotions, feelings or desires. This paper reports on an observational study that examines the interactions of eight adults with profound intellectual disability across eight different settings. The relationship between each setting and the interaction rates that participants were observed to be engaged in is enumerated and the implications are considered. The paper offers a discussion of the issues raised by the utilisation of such a technique and particularly concentrates on the interpretation of the findings of the study. The paper concludes with an examination of different methodological approaches to the investigation of communications of people who cannot communicate verbally. This methodological discussion centres on the implications of viewing individual communications and interactions as part of a two way dyadic process such that they cannot be interpreted in isolation from the environment in which they occur.

The third paper focuses on the use of touch as a means of effective communication in acute mental health settings. The objective of this paper is to share the literature on the topic exploring the use and effectiveness of touch as a distinct aspect of nurse patient communication and discuss the application of these findings to the mental health setting. Touch has been linked to the phenomenon of caring (Clifford, 1995 Bassett, 2002) and is suggested to enhance the nurse patient relationship (Arnold and Underman Boggs, 1999). However, the evidence base for this practice is less convincing. Little empirical evidence exists that supports the use of touch as a nursing intervention per se, and ambiguity exists with regard to its perception by both patients and nurses. This paper also aims to report preliminary findings of a study that examines ten mental health nurses' perceptions of touch with the acutely ill patient. Findings revealed that nurse's practices varied and were linked to personal experiences. Findings also revealed negative connotations of the use of touch. It is hoped that the

literature on the topic, together with nurse insights in this area will provide a base for discussion and debate on this topic, as well as a template for best practice in this area.

The final paper focuses on the need for nurses to use therapeutic communication with parents of infants admitted to neonatal intensive care. The aim of this qualitative study was to describe the experiences of these parents to gain an insight and understanding of what it means to parents. Issues of communication and the support that parents received from various hospital personnel during this hospitalisation period emerged from the data. The respective partner of each parent and neonatal nurses were seen as particularly supportive at this time. As illustrated in the following narrative, the NICU nurses cared for parents as well as the sick neonate: 'The nurses looked after both the babies and their parents'. These findings support the findings of Miles et al (1996) who found that parents found each other and neonatal nurses to be equally supportive of them at this time. Nurses were seen as the primary source of information for parents. Mothers and fathers reported that they felt that the nurses in the NICU knew their babies better than the doctors did as they were with them for longer periods of time each day. The findings of this study provide valuable insights for nursing practice within the NICU and have particular relevance for facilitating positive experiences for parents of infants through effective therapeutic communication and facilitation of effective communication between parents and other health care professionals.

Recommended reading:

- Sheppard, M. (1993) Client satisfaction, extended intervention and interpersonal skills in community mental health. *Journal of Advanced Nursing* 18, 246-259
- Grove N, Bunning K, Porter J and Olsson C. [199]. See what I mean: interpreting the meaning of communication by people with severe and profound intellectual disabilities. *Journal of Applied Research in Intellectual Disabilities*. 12 : 18-27.
- Miles, M. S., Carlson, J. and Funk, S. G. (1996) Sources of support reported by mothers and fathers of infants hospitalized in a neonatal intensive care unit. *Neonatal Network* 15 (3): 45-52.

16.15 – 17.45

Symposium: 9

Realising the intended impact of the professional doctorate on practice: opportunities and constraints (20)

Chair: Professor HP McKenna

Symposium Lead: Dr Nancy Jane Lee, School of Nursing, University of Salford, Greater Manchester, England

Co presenters: Lorraine Ellis, Patric Devitt and Mary Braine

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Aims:

To analyse doctoral study for nursing in an international context To examine the opportunities and constraints of the professional doctorate To discuss the actual/potential links of the professional doctorate to research in practice

Introduction

Dr Lorraine Ellis will give the opening paper of the symposium, presenting the background to the inception and development of the professional doctorate for nurses in the UK, and within the context of provision in the USA and Australia. The changing landscape of doctoral education for nurses and the allied health professions will be presented and the characteristics of provision on all three continents mapped and compared, drawing on the findings of three independent but related funded projects. The impact of the professional doctorate as perceived and experienced by the key stakeholders is also presented.

The second paper by Nancy-Jane Lee will continue to examine the rationale for professional doctorate development applying a case study approach. It will also consider the opportunities and constraints of professional doctorates and research application by examination of two themes; programme approval and programme delivery.

The final paper by Patric Devitt and Mary Braine will provide the most important link, with reference to the student perspective. Perceptions of professional doctorate efficacy and the reality of the student experience based on work to date will be reflected upon.

Lorraine Ellis:

The changing landscape of doctoral education for nurses in the UK and internationally Nursing is not unique in offering professional doctorates and they figure in several practice-related disciplines such as physiotherapy and pharmacology both in the UK and internationally. The literature asserts that such programmes arose largely in response to the perceived deficits of the more traditional PhD route, which was viewed by many to be divorced from the realities of practice and to produce doctorally prepared individuals who were equipped primarily for a future career in academia. The programme of post doctoral research presented in this paper was prompted by the general lack of empirical research underpinning such a premise. This paper opens with a brief history of doctoral education for nurses in the United Kingdom and within an international context. Drivers of the professional doctorate are presented providing a useful frame of reference for considering the central features of this form of provision as compared to the more traditional Doctor of Philosophy (PhD). The central findings of three research projects investigating

doctoral education for nurses in the UK, Australia and the USA are then presented and these findings compared. The first project mapped the range and on-going development of professional doctorates for nurses and the allied disciplines in the UK and involved telephone interviews with 55 nurse educators at 74 institutions of higher education. Building upon the findings of the UK study doctoral education for nurses was researched at schools of nursing in Australia (n=3) and the USA (n=2) using a modified form of illuminative case study design (Ellis 2001). Academics and students were interviewed and programme documentation analysed. The perceived strengths and limitations of the professional doctorate are reported including the perceived impact on nursing practice.

Opportunities and constraints - the facilitator's perspective

Nancy-Jane Lee:

This paper will utilise a case study approach of professional doctorate development in one higher education setting. The rationale and mode for development will be briefly explored, linking with the discussions in the opening paper by Lorraine Ellis. Two themes will then provide a focus for the discussion of opportunities and constraints; programme approval and programme delivery. Programme approval for the professional doctorate programme, with its implicit emphasis on research for practice; application to the professional setting; the combination of facilitated and research elements; has some potential for several interesting challenges. These challenges will be explored within the case study, highlighting the potential learning from the programme approval process and the possible implications for nursing research. The second theme of programme delivery will then be considered. After a brief outline of programme philosophy, aims and characteristics, the case study will discuss the work in progress within the professional doctorate programme. The notion of practitioner based research as explored by Higgs and Titchen (2003) will be used to underpin the discussion. Several significant events will be highlighted and used to examine the expectations and reality of facilitating a professional doctorate programme. For example, the events relate to inter professional learning and collaboration, role development in the changing health and social care environment, and the implications of practice based research. Throughout the case study will be used to examine the professional doctorate as an evolving mode of doctoral study and the opportunities and constraints therein.

The intended impact of the professional doctorate on practice - the students' perspective

Patric Devitt and Mary Braine

The experiences of two students on professional doctorate programmes will be explored. Their expectations of doctoral study will be compared and contrasted with the reality. Throughout there will be particular emphasis on the students' focus of study and the intended impact of the professional doctorate on their practice areas. There will be an analysis of the factors within each programme that have provided opportunities or constraints for practice development; considering diverse issues such as supervision, programme content and delivery, the views of stakeholders and colleagues.

Recommended reading:

Ellis LB (2001) Continuing Professional Education for Nurses: an Illuminative Case Study Unpublished PhD Thesis, Faculty of Medicine, University of Sheffield, UK

Higgs J Titchen A (2003) Practice Knowledge and Expertise in the Health Professions Oxford: Butterworth-Heinemann

United Kingdom Central Council for Graduate Education (2002) Professional Doctorates Dudley: UKCGE

Thursday 10 March

08.30 – 10.00

Symposium: 10

Building research capacity and capability: Meeting the challenge (16)

Led by: Margaret Miers, Faculty of Health and Social Care, University of the West of England, Bristol, England

Co presenters: Nicola Eaton, Gill Hek, Elizabeth Girot and Rachel Norman

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Abstract:

The aim of the symposium is to provide an opportunity to explore the theory and practice of nursing and midwifery research capacity and capability building through sharing experience of one university's strategy for the support of health and social care research. Each paper explores different aspects of capacity and capability building.

The first paper offers an overview of challenges, recommendations and models of good practice identified through a literature review and outlines elements of the approach developed by the Faculty of Health and Social Care, the University of the West of England, Bristol. It concludes by examining the contribution of a research programme approach.

Paper two, presented by Dr Nicola Eaton explores the experience of a joint initiative between two universities creating a Centre for Child and Adolescent Health.

Paper three, presented jointly by Elizabeth Girot and Dr Rachel Norman examines the complexity of building opportunities for varied research career trajectories.

In the fourth paper Gill Hek describes a framework for building capacity in the workplace. Collectively the papers support the view that capacity building is a process with many strands (Finch 2003) and the symposium aims to promote discussion about effective ways to support volume and quality, individuals and environments.

Facing dilemmas and developing strategy: one university's approach

Dr Margaret Miers

This paper reviews the literature around dilemmas and processes involved in research capacity and capability building and identifies key issues to be faced. These include:

- Building capacity (volume) and capability (quality)
- Promoting Interdisciplinarity and collaboration alongside capacity for professions and relevance to practice
- Developing research careers from qualification alongside opportunities for experienced lecturers and healthcare practitioners
- Supporting specialist areas and research programmes alongside nurturing a culture of rigorous intellectual inquiry throughout nursing and midwifery
- Creating a receptive culture for conducting and utilising research

The paper outlines one post 1992 university's approach to building capability through university and faculty level research strategies and through utilising Higher Education Funding Council for England capability funding. The strategy involves collaboration with other universities and with NHS Trusts, interdisciplinary research centres, support for research programmes, valuing a broad view of research and scholarship and vigilance about the strengths and weaknesses of health care culture in relation to research development. Funding supports PhD bursaries, postdoctoral fellows, research time for some lecturing staff and support for researcher-practitioner roles. The strategy, and dilemmas to be faced are illustrated through outlining the work of one research programme.

Creative collaboration across two universities: Centre for Child and Adolescent Health, Universities of the West of England, Bristol and University of Bristol

Dr Nicola Eaton

This paper outlines the development of the Centre for Child and Adolescent Health, a centre committed to teaching and research that makes a difference to child and adolescent health in the community. The Centre is a joint initiative between the University of Bristol and the University of the West of England, with financial support from local NHS Trusts and is staffed by a multiprofessional team from two universities. A main priority for the Centre is to build the evidence base for clinical activity and to encourage nurses and allied health professionals to undertake independent research, supported by international research activity. Capability funding supports doctoral students, a postdoctoral fellow and two research associates, working on Centre research programmes. This paper reflects on the challenges of collaborative work across two universities and creating research training opportunities through a nurse led research programme.

Building career pathways for the research workforce

Elizabeth Girot and Dr Rachel Norman

This paper outlines the scope of the task of building the research workforce through sustaining and developing the careers of experienced professionals as well as identifying potential career pathways for nurses and midwives interested in a research career. Educators of health and social care professionals have a clear remit to engage in scholarship whilst practitioners are expected to support evidence-based practice and increasingly engage directly in research that will have a direct impact on practice. Research governance requirements inhibit encouragement of small scale research studies amongst undergraduate students and it remains difficult for qualified practitioners to develop practical research skills alongside care delivery. Different approaches are necessary to develop research skills from point of qualification and to provide research training opportunities and encouragement for experienced practitioners who are interested in following a career in which research is a major component. The paper focuses on the experience of i) developing research training from the point of qualification through doctoral and postdoctoral training ii) developing the lecturer/researcher role, supported by HEFCE funding, iii) developing the researcher/practitioner role. The challenges and complexities of each career option are explored.

Building research capability through the work place

Gill Hek

This paper focuses on how the workplace, particularly clinical and practice settings can be utilised to help nurses develop their research skills and abilities. There are many roles in nursing practice that have a clear research component e.g. nurse consultants, specialist nurses, audit nurses, practice development. However some nurses in those roles may be unable to undertake formal training or take up a formal research career although they have a desire to develop their research skills. This paper builds on work exploring career development for research practitioners (Hek and Burgess 2003) by presenting a framework that identifies the support that can be found in the workplace. Four components in the framework can be identified: employer support, work-based learning, personal self-development, and academic development. Within each of these components, there are clear activities that nurses can do in the work place to build their research capacity.

Recommended reading:

Finch J (2003) A look at the bigger picture in building research capacity. NT Research Vol 8 No 6 pp 427-8

Hek G, Burgess J (2003) Career development for research practitioners: what support do they need? Northern Health and Social Services Board Research Practitioners Conference (Northern Ireland)

Higher Education Funding Council for England (2001) Research in nursing and allied health professions: Report of the Task Group 3 to HEFCE and the Department of Health.

08.30 – 10.00

Symposium: 11

Main work-lines of a nursing research unit

Led by: Teresa Moreno Casbas, Unidad de Coordinación y Desarrollo de la Investigación en Enfermería (Investén-isciii), Instituto de Salud Carlos III, Madrid, Spain

Co presenters: Cristina Jones-Mallada & Raquel Luengo-González

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Aim:

This Symposium will discuss the role of a national strategy for promoting Nursing Research across Spain and building international alliances in order to establish a strong coalition of nurses. Background In January 2000, the Working group Investén becomes a formal structure of the Instituto de Salud Carlos III (ISCIII), belonging to the Spanish Ministry of Health, called "Unit for coordination and development of Nursing Research (Investén-isciii)", with the mission of developing a national strategy that organizes and promotes Nursing Research. The main aim of this strategy is to integrate nursing research into clinical practice.

In order to carry out this goal in Spain, four strategies have been developed:

Those focused on national activities are:

- Dissemination and Training actions
- National Research Network for Elderly Care

Those focused on international activities are:

- International alliances
- Building an European Research Area

Dissemination and training activities

These strategies contain different activities as a way of extending the body of knowledge of the nursing profession and stimulating research in health care professionals In order to improve the methodological knowledge about nursing research among health professionals, we organise many Training Activities for health institutions and universities in which we collaborate also as instructors. We also offer Methodological and Technical Support to research projects and departments as professional advisors. Many of these projects that have been assessed were submitted to public or independent funding agencies and were positively evaluated. Other form of improving and extending nursing research knowledge is through our Annual Nursing Research Conference. Yearly from 1996, we have celebrated these conferences with the aim of providing a place of exchange for all professionals interested. Our website www.isciii.es/investen is a way of disseminating events, conferences, scientific publications, training courses, etc... which contains the Distribution List (Investén-isciii), available for all professionals interested in Nursing Research as a space to exchange experiences, ideas, queries... As a way of coordinating all the national health research activities, we have created PISTA (Biomedical Research Interactive System). It is an interactive map where there is information about funding agencies, research fields, researchers and financed projects from all Spanish Regions.

National research network for elderly care (rimared)

The objective of RIMARED is to evaluate the needs of health and the effectiveness and efficiency of

the care that people aged 65 and over receive, in order to develop work lines and initiatives that allow health care improvement through integral health interventions. To achieve this objective, the network is composed of five research groups focused on different aspects of the care in elderly people: principal caregivers, home care, nursing interventions, health outcomes evaluation and ethical and legal problems. With this groups the network expects to obtain cooperation and interaction of research groups belonging to different Spanish regions (Andalucía, Aragón, Cataluña, C. Valenciana and Madrid). In order to coordinate and manage this thematic network we have created a sixth group, a Unit of shared resources with a person in charge (scientific head) that includes coordination, consultancy and support team. The duration of this scientific project is three years: During the first year, all the groups have done a literature synthesis. In this year each group is developing transversal and descriptive original studies. Along the third year a specific research work that responds to the rest of the specific objectives outlined in the network will be developed. In addition to RIMARED research project there is also a training programme addressed to the network researchers.

International alliances

From the beginning, this unit has made alliances continuing with the proposal of collaboration with other countries as a way of exchanging experiences and knowledge. Each agreement was made with a specific target: o Agreement of Collaboration with the University of Montreal. The principal aim was to stimulate Nursing Research and to make possible the academic and professional exchange between the Institutions involved. From 1996 until 2002, 22 nurses have been trained from different Spanish regions and different clinical areas, to undertake Master's and PhD studies. o REDICS (Qualitative Health Research Network) This project aims to promote, disseminate and stimulate health research from a qualitative orientation. It was created in 2001 by Investén-isciii, the International Institute for Qualitative Methodology of the University of Alberta (Canada) and the International Centre PROGICS (Program of Qualitative Investigation in Health) of the University of Guadalajara (Mexico). o The Spanish Collaborating Centre of the Institute Joanna Briggs. In April 2004 a Collaboration Agreement between the Royal Adelaide Hospital and the Institute of Health Carlos III was signed. The Joanna Briggs Institute, as an initiative of the Royal Adelaide Hospital, is an international group that develops, promotes and supports evidence based approach health care. The proposal of this collaboration was drawn continuing the main objective of Investén-isciii, which is to incorporate Nursing Research into daily clinical practice and to collaborate with the aim of the Institute Joanna Briggs.

Building an european research area

The aim of this paper is to present the seven years strategy of the Investén unit in the contribution of an European Research Area. In 1995 the European Health Committee organised three meetings composed by a group of experts in order to develop nursing research in Europe. According to the results of this proposal, in 1999 the Institute of Health Carlos III organized with European funding a new meeting in Salamanca, "Building a European Nursing Research Strategy", with the purpose of strengthening cross-border collaboration among European nursing researchers, in order to promote and develop Nursing Research. In 2003, bearing in mind the new instruments developed for the 6th Framework Programme (FP6) and the creation of

a European Research Area, a meeting of European experts in nursing research was organised with the aim of relating nursing networks and research groups with the priorities established in the FP6. All the experts agreed to form three working groups: ERA-CARE NETWORK, will present a SSA on October 2004 to bring together a consortium of potential collaborators to create a Nursing Research and Development Group (NRDG) from national and regional nursing and health research development agencies. GENETICS, will submit to a Marie Curie Action, to facilitate training on genetics for the health care professionals across Europe, in order to integrate the new knowledge on genetics into the clinical practice. AGING, this group is in the process of submitting a proposal in the future.

08.30 – 10.00

Symposium: 12

Knowing and acting: A strategic practitioner focused approach to nursing research and practice development

Led by: Brendan McCormack, University of Ulster, Department of Nursing, Belfast, Northern Ireland

Co presenters: Robert Garbett Margaret Devlin & Bernadette Gribben

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Abstract:

Clinical outcomes, effective decision making and the use of evidence in practice have been part of the nursing agenda for many years and a key focus of knowledge generation and utilisation activities in nursing research. However, while this focus prevails, the ability of our organisational systems to support nursing research in practice is still limited. There continues to be a divide between the 'knowledge generators' and the 'knowledge users', and while considerable progress has been made in the use of research in practice, less progress has been made in formally connecting academic and practice communities.

This symposium argues for and demonstrates such a connection through a focus on practitioner research – a focus that can enable the sharing of academic and practice agendas at a variety of levels. It will be argued that if we are serious about creating 'research cultures' in practice settings, the most feasible way of doing so is through practitioner research, as this approach integrates knowledge generation with knowledge utilisation. A strategic approach to practitioner research in one organisation will be described through presentations on work being carried out by and for practitioners supported and facilitated by a professorial joint appointment (McCormack 2003).

Developing an evidence base for person centred practice

Robert Garbett

The concept of person centeredness has assumed increasing importance within healthcare of late. Person centeredness describes the conditions whereby practitioners facilitate authentic choice for the people for whom they care. Developing person centred health care cultures requires attention to the culture and context in which care is delivered as well as to the skills and practices of individual practitioners. This presentation will present findings from a range of action oriented research projects taking place with the Royal Hospitals Trust. The projects, that take place in a wide range of in-patient and out-patient environments, share common approaches that involve working closely with clinical teams to: Critically explore their practice and patient experience using quantitative and qualitative data collection techniques and critical pedagogical strategies using the concept of person centeredness as a frame of reference; Identify core values and beliefs and practice development programmes that will increase the degree of person centeredness within their environments; Evaluate the impact of practice development programmes on practitioners and patients. Existing evidence in this area suggests that such approaches have an impact on patient and staff satisfaction and promote team cohesion

and increase morale (Binnie and Titchen 1999). Initial stages of data collection in these projects suggest similar positive impacts. The findings and the processes that brought them about will be presented in depth.

Facilitating person-centred nursing in practice

Brendan McCormack and Robert Garbett

This paper will present in detail the processes used to facilitate the development of person centred approaches to health care practice. Person centered approaches reflect a commitment to developing deep understandings of others as thinking and feeling beings with the potential to develop and grow. As such person centred practice is predicated on the value of personhood. It requires a way of working that focuses on individual beliefs, values, wants, needs and desires and that is underpinned by flexibility, mutuality, respect and care (McCormack 2003). The journey to person centeredness thus requires critical exploration of current practices that call on practitioners to scrutinise themselves and the environment in which they work to identify both facilitative and inhibiting factors to person centred working. This presentation will relate the use of particular exploratory and learning strategies to the goal of person centeredness including: Practice development – as an emancipatory framework for the management of change Action learning – as a learning framework for the exploration of both individual and shared practices Reflective practice – as a learning framework for learning in and from practice. Each of these strategies will be critiqued in the light of their use in a range of project work within the Royal Hospitals Trust. Data drawn from ongoing project work will be presented.

Emancipatory learning for person centred practice

Margaret Devlin and Bernadette Gribben

The aim of this project has been to develop a clinical careers framework for nurses within the Royal Hospitals Trust, Belfast. The focus has been on creating a learning culture, providing an alternative to the existing academic model. This framework has been designed to recruit and retain the highest calibre of nursing staff; a high priority within the organization. The development of life long learning strategies that enable practitioners to develop creative practices has become a requirement for all health care providers. However, the ability of classroom based education approaches to achieve real and sustained changes in practice has been questioned. It is argued that nurses are adult learners and learn best in an environment which takes account of the needs of adult learners. This presentation will discuss the outcomes framework that has been developed through an action research study design was employed utilising a realistic evaluation framework.

It involves:

- A work-based learning contract
- Participation in facilitated reflective practice
- Support to develop nursing practice through critical inquiry and practice development frameworks
- An annual review of progress with attributes
- Accreditation of learning achieved We will present outcomes of the framework for nurses including:
- Impact on confidence and competence

- Demonstrable learning outcomes
- The value of clinical & career pathways for all grades of nurses
- Recognition & value of staff regardless of academic or clinical pathway through the availability of a variety of options for the accreditation of lifelong learning.

The project has led to significant changes in the profile of education commissioning with in the trust, recognising the impact that a move from formal classroom education to a culture that values experiential learning has had on the potential to engage in creative approaches to learning opportunities.

Recommended reading:

- Binnie, A. and A. Titchen (1999). *Freedom to Practice*. Oxford, Butterworth Heinemann.
- McCormack, B. (2003). "A conceptual framework for person-centred practice with older people." *International Journal of Nursing Practice*. 9(3): 202-9.
- McCormack, B. (2003). "Researching nursing practice: does person-centredness matter?" *Nursing Philosophy*. 4(3): 179-88.

10.45 – 12.15

Symposium: 13

Making decisions about healthcare design and delivery: Seeking and responding to the voice of children and young people

Led by: Faith Gibson, Centre for Nursing and Allied Health Professions Research, Institute of Child Health, London, England

Co presenters: Jane Coad, Linda Milnes, Peter Callery, Maire Horstman, Alison Richardson and Chris O'Leary

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Abstract:

Over the last decade there has been an increased emphasis on the active involvement and participation of children and young people in the decision-making process on issues that affect them (Lansdown, 2001; Stafford et al, 2003). Traditionally interpretation of children and young people's perspectives have been gained from their adult carers, which literature suggests is not an accurate representation (Christensen & James, 2000; Lewis & Lindsay, 2000). In both the Bristol Royal Infirmary Inquiry (2001) and National Service Framework (2003), there are clear messages about participation of children and young people in service design, delivery and evaluation. The most recent report published by the Commission for Health Improvement (CHI, 2004), recommends that any future developments of children services must include children and young people and that their views must influence decision-making. This symposium will consist of three related papers using research data from studies that have creatively sought to consult with children and young people about their healthcare.

The first paper focuses on art-related participatory methods.

The second paper describes a familiarisation technique used in qualitative interviews.

The third paper details the draw and write technique.

Time will be provided for symposium participants to discuss and debate the issues raised in the presentations.

1. Christensen, P. & James, A. (Eds.). (2000). *Research with Children: Perspectives and Practices*. London: Falmer.
2. Commission for Health Improvement (2004) *Children's Voices* www.chi.nhs.uk
3. Department of Health (2003) *Getting the right start: The National Service Framework for children, young people and maternity services – emerging findings*. London: Department of Health.
4. Lansdown, G. (2001) *Promoting children's participation in democratic decision-making*. Florence: UNICEF.
5. Lewis, A. & Lindsay, G.E. (Eds.). (2000) *Researching Children's Perspectives*. Buckingham: Open University Press.
6. Stafford, A., Laybourn, A. & Hill, M. (2003) *Having a say: children and young people talk about consultation*. *Children & Society*. 17: 361-373.
7. The Bristol Royal Infirmary Inquiry (2001) *The report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984-1995 learning from Bristol*. London, TSO.

'Through children's eyes' – Eliciting views of children and young people to plan the design of a new hospital

Jane Coad

Despite strong contextual influences regarding the involvement of children and young people, there is limited work in the U.K. that has actively sought to evoke the views of children in the planning of their hospital environments (Stafford et al, 2003; Carney et al, 2003; English & Holm, 2004). This is vital information, as recent work has begun to identify the importance of patient environments and their contribution to health, and indeed, recovery. The new hospital of University Hospitals Coventry and Warwickshire NHS Trust is planned to open in 2006, and will have a purpose built Children's Unit. This presented a unique opportunity to ascertain the views of children and young people, across a broad range of ages and abilities, in order to plan and design the future hospital environment. An exploratory survey was undertaken using qualitative participatory methodologies. Forty children and young people, aged 5 to 18 years of age, including 10 children with a range of special learning needs and physical disabilities participated. Data collection included interviews and creative, art-related activities. A small group of children and young people were subsequently trained to become an 'expert' panel to inform the research project and significantly contributed to findings. Findings included environmental issues surrounding preferred colours and themes, privacy, windows, doors and chairs whilst facilities centred on play/recreation, food, education and the use of information technology. This invaluable data is currently being used to direct the planning and decoration of the new hospital.

The paper will outline the project and the methodological challenges, but will also include critical reflection about the implications of undertaking such participatory research approaches.

1. Carney, T., Murphy S., McClure J., Bishop E., Kerr C., Parker J., Scott F., Shields C. & Wilson L. (2003) Children's views of hospitalisation: an exploratory study of data collection. *Journal of Health Care*. 7(1): 27-40.
2. English, K & Holm, R (2004) Ducks in Tennis Shoes www.hospitalconnect.com/articledisplay
3. Stafford, A., Laybourn, A. & Hill, M. (2003) Having a say': children and young people talk about consultation. *Children & Society*. 17: 361-373.

Qualitative interviews with children: negotiating the comfort zone

Linda Milnes and Peter Callery

Listening to children talk about their health is important both for development of new knowledge and in child centred management of disease. However, children may be reluctant or lack confidence to talk about their health in research interviews and consultations, due to inexperience, shyness and mistrust (Bircher, 1999). In this paper we examine the use of a technique to establish ground rules and trust prior to interviewing children and young people about asthma and their experiences of health care. We developed a familiarisation technique, using role reversal to introduce children to the interview situation, to establish informed consent and build rapport between researcher and child/young person. Thirty-eight interviews with children aged 7-16 years using this technique were analysed to examine negotiation of topic. The technique was observed to build rapport

with children. This paper will also present: the topics children and the researcher raised in the familiarisation session; characteristics of the children that influenced the topic e.g. gender, severity of asthma; the context of reoccurrence of the topic during the interviews e.g. during a topic of a sensitive nature; and interactional processes involved in agreement of topic by children and interviewer in establishing rapport and dealing with sensitive issues. Familiarisation with a child's interests and activities can provide a useful context for conversing about topics regarding their health.

Considering topic negotiation is helpful in devising approaches to interviewing children and these developments might have application in clinical as well as research settings.

1. Bricher, G. (1999) Children and qualitative research methods: a review of the literature related to interview and interpretive processes. *Nurse Researcher* 6: 65-77.
2. Kellit, M. & Ding, S. (2004) Middle Childhood in Fraser S., Lewis V., Ding S., Kellett, M., & Robinson, C. (eds) *Doing Research with Children and Young People*. London: Sage Publications.

The draw and write technique: how the method can reveal experiences of health care:

Faith Gibson and Maire Horstman (co-authors
Alison Richardson and Chris O'Leary)

How children with cancer experience care and treatment, and what they perceive as important has received little attention. Previously the focus has been on identifying important aspects of care from the perspective of parents at distinct points in the treatment trajectory (von Essen et al 2001). Although some research has focused on identifying the needs of young people, rarely have children, particularly the younger age group, been asked to give their views on cancer care. In order to understand their experiences and hence provide services that genuinely meet their needs, children's views must be sought (Children and Young People's Unit 2001). In this study creative techniques were used with children and young people aged 4-19 years to tap into the direct experience and perceptions of cancer care. In this paper we will share our experiences of using the draw and write technique with children aged 6-12 years at various points in their trajectory of care. This is an exploratory tool, which can provide rich qualitative data that has an immediate impact and value in its own right (Bradding and Horstman 1999). It has the potential to allow the child's lived experience to be better represented than by the use of pre-determined and 'a priori' adult categories and can increase our understanding of how children interpret the world in which they live (Pridmore & Bendelow 1995). It involved the child drawing a picture in response to a given question and writing down any ideas related to that picture.

The participation of children in this study revealed theoretical, ethical and practical dimensions (Alderson and Morrow, 2004). These will be examined in this paper and compliment our findings to reveal the benefits and challenges of engaging with children.

1. Alderson, P & Morrow, V. (2004) *Ethics, social research and consulting with children and young people*. Essex: Barnardo's.
2. Bradding A and Horstman M (1999) Using the write and draw technique with children. *European Journal of Oncology Nursing* 3(3) 170-175.
3. Children and Young People's Unit (2001) *Learning to listen: core principles for the involvement of*

children and young people. Nottingham, Children and Young People's Unit www.dfee.gov.uk/cypu

4. von Essen, L., Enskar K. & Skolin I. (2001) Important aspects of care and assistance for parents of children, 0-18 years of age, on or off treatment for cancer. Parent and nurse perceptions. *European Journal of Oncology Nursing*.
- 5 (4): 254-264. 5. Pridmore, P. and Bendelow, G. (1995) Images of health: exploring beliefs of children using the 'draw and write technique'. *Health Education Journal* 54: 473-488.

Recommended reading:

Commission for Health Improvement (2004) *Children's Voices* www.chi.nhs.uk

Lansdown, G. (2001) *Promoting children's participation in democratic decision-making*. Florence: UNICEF.

Stafford, A., Laybourn, A. & Hill, M. (2003) *Having a say': children and young people talk about consultation*. *Children & Society*. 17: 361-373.

10.45 – 12.15

Symposium: 14

Two into one won't go ... or will it?

Led by: Alison Twycross, School of Nursing, Midwifery and Community Health, Glasgow Caledonian University, Glasgow, Scotland. Co presenters: Brendan McCormack, Grace Lindsay & Steve Campbell

✉ a.twycross@gcal.ac.uk

Abstract:

The Royal College of Nursing have recently published a position statement on promoting excellence in care through research and development (Royal College of Nursing 2004). This paper along with policy documents from the four countries within the United Kingdom (for example, Department of Health 1999; Scottish Executive 2002) make it clear that there is a need for joint academic/clinical posts.

Finding ways to link academic roles with clinical settings has been an ongoing challenge in nursing for many years. Various attempts at creating joint appointments, clinical lecturers and researcher-practitioner roles appear to have had little success. Evaluations of such roles have indicated the challenges the competing world-views of academia and practice with the result being ineffectiveness in both. More, recently, in a research context, senior academic positions have been developed between universities and health care organisations with an emphasis on developing cultures of practice that are appreciative of research. This symposium will consist of four papers from four people in such roles with a variety of experiences.

There will also be an opportunity for discussion. A number of models of jointly appointed academic/clinical posts now exist across the UK. However, few such posts exist where there is explicit "executive" authority in the health care organisation for the strategic direction of nursing.

The first paper in this symposium will discuss one such post that exists in The Royal Hospitals Trust in Belfast. Professor Brendan McCormack will describe the genesis of this post, its organisational framework and the focus of the role. Drawing on three years of "action-evaluation" data derived from multiple sources, the successes, outcomes and challenges of the post will be discussed. In particular, evidence to support the success of the role in creating a culture of critical inquiry will be presented. It will be argued that the integration of role elements coupled with clearly identified strategic authority is essential to the success of jointly appointed clinical professorial positions.

The second paper in the symposium will outline the rationale for and progress to date of the appointment of a joint HEI/NHS appointment in Scotland. Dr Grace Lindsay will describe the steps she has taken in developing this role. This includes development of a research strategy that defines the vision and scope for nursing and midwifery research to be used as a roadmap to guide the development of a business plan for implementation. The paper will also provide a summary of the approaches taken to build an infrastructure that embeds research within the organisational structure of both HEI and NHS establishments. Alison Twycross has held a joint appointment between Glasgow Caledonian University and Yorkhill Hospital for the past three years.

In the third paper she will describe the trials and tribulations of such a post. This paper will provide an account of the strategies that have worked

and those that have not while striving to develop evidence-based practice and nursing research. Areas that need addressing when such roles are developed in the future will also be highlighted.

In the fourth paper Professor Steve Campbell will, with colleagues from the City Hospitals Sunderland's Nursing Practice Research Centre, discuss the partnership that has emerged over the last four years and more. The reality of this experience, including the "ups and downs" will be shared. These will be highlighted with some examples of scenarios that have been pivotal in the development, as well as projects that have shaped this development. Some principles of good joint working will be examined.

Recommended reading:

Department of Health (1999) Making a Difference: Strengthening the Nursing, Midwifery and Health Visiting Contribution to Health Care, Stationary Office, London.

Royal College of Nursing (2004) Promoting Excellence in Care Through Research and Development, RCN Publishing, London.

Scottish Executive (2002) Choices and Challenges: The strategy for Research and Development in Nursing and Midwifery in Scotland, Stationary Office, Edinburgh.

10.45 – 12.15

Symposium: 15

An exploration of the development of suicidology and caring for people affected by suicide on the island of Ireland

Led by: Ann Long, Department of Nursing, University of Ulster, Londonderry, Northern Ireland. Co presenters: Columba McLaughlin, Iain McGowan, Barry McGale & Michael Fahy

Abstract:

This symposium will consist of the delivery of four papers that focus on aetiological and caring issues relevant to suicidal crisis. Each member of the symposium team is a mental health nurse and each has a history of working with people in suicidal crisis. Suicide is a growing worldwide public health problem and in global terms it is a leading cause of violent death (World Health Organisation, 2002). The current increase in the annual rates of suicide throughout Ireland has urged mental health authorities to take action to reduce the numbers of suicides. This symposium will assist health care professionals to attain this aim by exploring issues that pertain to the care of those affected by suicidal crisis.

First, Barry McGale who is currently the Suicide Awareness Co-ordinator for WHSSB will present a paper on the historical development of suicidology in Ireland. This paper will set the scene and identify the importance of suicide reduction and what the current professional response is. His paper will also explore the historical development of suicidology, as a discipline, and the development of services on the island of Ireland. It will focus on Edwin Shneidman's work (1993), who defined suicide as "...a conscious act of self-induced annihilation, best understood as a multi-dimensional malaise in a needful individual who defines an issue for which the suicide is perceived as the best solution". This definition recognises the many facets that surround suicide and rather than being a purely psychiatric issue, also recognises that many factors affect an individual contemplating suicide. Suicide is not a new problem and throughout the centuries, both state and church have attempted to understand and control it with debatable success. In fact it was only decriminalised in Britain in 1961 and as late as 1993 in the Republic of Ireland. Within Northern Ireland, suicide now exceeds road traffic accidents (RTAs) as a cause of death with 163 dying by suicide and 129 dying by RTAs in 2000 and is the number one cause of death in people aged between 15-34 years (Register Generals Report, 2001).

Second, Iain McGowan will report on his investigation into the changing trends in suicidal behaviour throughout Ireland and reports the incidence and the prevalence of suicide and parasuicide/self harm in Northern Ireland and in the Republic of Ireland. Data will be sourced using the official mortality data in both jurisdictions as well as the National Parasuicide Register. The specific aim of Iain's paper is to highlight significant trends in suicide and attempted suicide with particular reference to age, gender and rural/urban location on the island of Ireland. Cross-border analysis will also be undertaken. Statistical analysis will include descriptive cross-tabulation which will be undertaken to examine the number of suicides by gender, location and age. Pearson correlation co-efficient was used to analyse possible statistically significant relationships between variables. Kruskal Wallis ANOVA was used to test for significant difference between

genders. Particular attention was paid to the 34-year period 1966-1999, a period that is associated with terrorist violence. Its impact on the suicide rates in Ireland will also be discussed.

Third, Columba McLaughlin will explore potential preventative actions and make recommendations regarding barriers that thwart preventative actions by health carers. Suicide occurs in all age groups and although rare, it is well known that suicide even occurs in children as young as 10-years of age. This paper will focus on and explore a number of measures that may be useful in preventing suicide. In order to do so, prominent risk factors, that are known precursors to suicide, will be identified and targeted for preventative action. Some specific examples of preventative actions will be elaborated on and discussed. Also, this paper will identify some barriers that impinge on suicide prevention strategies. Suggestions will be made as to how mental health carers can develop their suicide prevention skills.

Fourth, Michael Fahy will explore an issue that is coming very much to the fore in current times and that is the provision of support for those who have been bereaved by suicide. This paper will describe the setting up of a Support Group for those people bereaved by suicide in County Mayo, Ireland. The care and support of those bereaved by suicide in most areas is a very much-neglected subject by carers and families alike. In Ireland, suicide has only been recently decriminalized and still attracts a great deal of stigma and shame, making it more difficult for those bereaved by suicide in this area, to grieve appropriately and come to terms with what has happened. County Mayo is a sparsely populated rural community where traditional religious beliefs are an important aspect of life. All those have made coming to terms with suicide more difficult. In addition, as in all small communities, sharing information that is of a personal nature and which sometimes is believed to be shameful, proves very difficult. In spite of this and the many problems associated with setting up our group has been a great success and the merits and advantages of the group are discussed and related in the light of our experience and in the works of those who participated in the group to date.

Each paper in this symposium will be relevant not only to mental health professions but to all health professionals who deal regularly with issues involving suicidal crisis. Not so long ago the concept of suicide was a taboo in Ireland and difficult to talk about. Currently, it is more to the fore and people and professionals are responding more. However, more needs to be done in terms of educating and promoting debate. As health carers become more knowledgeable about suicide, then there is more chance that care will progress and improve. Suicide is unnecessary death and one where health carers can do much to prevent. This forum will stimulate thinking about future care.

Recommended reading:

Department of Health and Social Services and Public Safety for Northern Ireland (2001) The General Register Annual Report (2000). Belfast: General Register Office for Northern Ireland.

Shneidman, E (1993) Suicide as psychache: A clinical approach to self destructive behaviour. Northvale, NJ: Jason Aronson.

World Health Organisation (2002) World report on Violence and Health. Geneva: World Health Organisation.

15.30 – 17.30

Symposium: 16

The Royal Hospitals Trust person centered nursing project

Led by: Robert Garbett, Nursing Development Centre, University of Ulster and Royal Hospitals Trust, Belfast, Northern Ireland Co presenters: Brendan McCormack, Paul Slater, Tanya McCance, Carolyn Kerr, Charlotte McArdle & Joanna McCormick

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Abstract:

This symposium provides an overview of a trust wide practice development study in a Northern Ireland teaching hospital. The symposium consists of four papers that address the conceptual background to the study, the study design, the development of instruments used within the study and study outcomes. This quasi-experimental study has involved 11 self-selected clinical areas (8 intervention sites; 3 control sites) including out patients, critical care and rehabilitation and areas providing care for age groups ranging from children to older people. Data have been collected at 4 time periods from a total of approximately 300 nursing staff and 500 patients using tools designed for use in the study (paper 3). Quantitative and qualitative data have been used to provide the basis for clinical teams to critically evaluate their practice in terms of the conceptual model of person-centeredness (paper 1) and identify action plans for practice development that address issues raised (the study intervention [papers 2 & 4]). The study questions focus on the impact of the study intervention in terms of nurses' morale, stress and job satisfaction (using the Nursing Context Index) and patients' satisfaction and perceptions of caring (using the Perceptions of Nursing Index). Qualitative data (taped interactions between nurses and patients; field notes from meetings and practice development activities) are used to examine the links between the intervention and changes in scores in the tools used. Initial analysis indicates positive trends in nurses' morale, stress and job satisfaction and patients' satisfaction and perceptions of caring. More complete findings will be presented in the symposium. The scale, methods and scope of the study mean that it provides a valuable contribution to research into person centred approaches to working and the use of practice development approaches.

The conceptual background to the study - Person centeredness and nursing

Professor Brendan McCormack and Dr Tanya McCance

The first paper establishes the relevance of person centeredness to the development of effectiveness in the delivery of patient care. The authors' draw on their previous research (McCance 2003; McCormack 2003) to outline the construction of a conceptual framework to underpin the study. There is growing emphasis on a person-centred approach across a range of fields in healthcare. Evidence suggests that adopting this approach to nursing provides a more holistic approach to care, and may increase patient satisfaction with the level of care, reduce anxiety levels among nurses, promote team working among staff and job satisfaction. Person-centeredness is seen as being concerned with the authenticity of the individual, i.e. their personhood. Central to personhood are the values and beliefs

of the individual. Respect for persons reflects a commitment to having a deep understanding of the other person as a thinking and feeling human being with potential to change and develop. Person-centred practice is thus predicated on the value of personhood. It requires an individual to know the values held by another in order to treat them as persons. It requires a way of working that focuses on individual beliefs, values, wants, needs and desires and to adopt approaches that enable flexibility, mutuality, respect, care and being with another in an interconnected relationship. This paper links the conceptual ideas with a framework to influence practice and reflects on how the model has been developed and refined through the progress of the study.

The study design and intervention – A practice development approach to quasi-experimental design

Professor Brendan McCormack, Rob Garbett, Paul Slater

The study followed a quasi-experimental design, with a qualitative element interwoven throughout. The use of a quasi-experimental design is common in evaluative research of this nature and is distinguished from 'true' experiments primarily by their lack of randomisation of subjects to an experimental and a control group. This study has aimed to establish differences on dependent variables as a result of the intervention. Therefore, the use of a combination of methods has been a means of providing a fuller understanding of the effectiveness of using person-centred nursing. This paper focuses on the links between the practice development intervention framework (McCormack et al. 2004) and data collection, demonstrating the potential for rigorous studies that also recognise the complexities of practice settings.

The nursing context index – measuring person centred effectiveness

Paul Slater and Professor Brendan McCormack

There is currently no single quantitative instrument of assessing the impact of person-centeredness in nursing in the literature. One objective of the study was to develop an instrument that examined nurses' stress levels, job satisfaction, and cultural changes within the ward as well as looking at changes in nurses' perceptions of caring. Following a systematic examination of the literature and two focus groups, a questionnaire was developed from a battery of standardised instruments. This consisted of 26 constructs. Twenty-one constructs were measured on a Likert scale. It was administered as test-retest in the study sites to assure stability of findings over time and provide baseline findings. The questionnaire will be administered to the intervention wards at four further time points distributed across the intervention period. Preliminary findings show the questionnaire to have good psychometric properties, with constant factor structuring over time and across demographics as well as positive scores of homogeneity. The findings also show the instrument as being comprehensive and sensitive to change over time. The paper will present path analysis of the data will explore the changing relationships of constructs across time, and latent growth models will show the journey of the individual and the wards over the intervention period.

The impact of developing a person centered approach to working

Rob Garbett, Carolyn Kerr, Charlotte McArdle, Dr Tanya McCance, Professor Brendan McCormack, Joanna McCormick, Paul Slater

The final paper outlines the outcomes of the project. Initial analyses indicate that both quantitative and qualitative data demonstrate positive outcomes for nurses and patients, in addition process evaluation drawn from field notes and meeting records have been used to refine practice development approaches used in the study.

Recommended reading:

McCormack, B. (2003). "A conceptual framework for person-centred practice with older people." *International Journal of Nursing Practice*. 9(3): 202-9.

McCance, T. V. (2003). "Caring in nursing practice: the development of a conceptual framework." *Research and Theory for Nursing Practice*. 17(2): 101-16

McCormack, B., K. Manley, R. Garbett, Eds. (2004). *Practice Development in Nursing*. Oxford, Blackwell.

15.30 – 17.30

Symposium: 17

A participatory research program involving incarcerated women

Led by: Mary Rose Mueller, Hahn School of Nursing and Health Science, University of San Diego, San Diego, USA

Co presenters: Cynthia Connelly, Susan Instone, Diane Hatton, Cheryl Ahern-Lehman & Anastasia Fisher

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Abstract:

This symposium introduces a research program involving a poorly understood and hidden population: women in contact with the US corrections system. This program builds on experiences gained from an initial participatory research study of the health needs of women in and out of jail. The program goal is to inform correctional health policy for women and their children, improve their health and health behaviors, and provide knowledge to communities about the health and social care access and utilization needs of this population.

Five interrelated papers will be presented in order to:

- 1) describe the US correctional system and the women (and their children) who interact with it;
- 2) identify salient health and social concerns of women soon to be released from jail and their children;
- 3) discuss some human subject considerations of doing research with women in correctional systems;
- 4) discuss a participatory research approach to the study of this population; and
- 5) identify methodological challenges of researching women in contact with correctional institutions.

Women in the Correctional System and Their Children

Cynthia Connelly & Susan Instone

In 2003, approximately 6.9 million people were either incarcerated in state or federal prisons and local jails, or were on probation or parole. Over the past two decades the number of women placed in detention has increased dramatically, with a 5.2% average annual growth. For some of these women, contact with the corrections system occurs along a continuum of probation, incarceration, release, parole and, oftentimes, reincarceration. Most women inmates are of childbearing age, and as many as one quarter are pregnant or give birth while incarcerated. Incarcerated women are mothers to approximately 2 million children. Children, separated from their mothers, are either informally placed with family or friends or put into foster care.

Health and Social Needs of Women in Corrections and Their Children

Instone & Connelly

Research suggests that incarcerated women, and their children, bring a myriad of health and social problems to the community upon reentry and as such often increase burdens on financially-stressed community/public health care and social welfare agencies. Women inmates tend to be sicker than the

general population. They can potentially transmit serious conditions, such as HIV/AIDS, hepatitis B and C, and tuberculosis, between and amongst themselves as well as to others upon community reentry. A majority of incarcerated women have at least one psychiatric disorder (e.g. post traumatic stress disorder and/or depression); they also tend to abuse substances (alcohol, tobacco) and inject illicit drugs. Their dependent children suffer enormous developmental, emotional, behavioral, learning, and social consequences; research suggests that they are likely to be incarcerated in more than in their own lifetime.

Outside or Inside the Margins? Research on Women in Contact with Corrections

Mueller

Federal and institutional agencies have defined "prisoners" as "vulnerable" for the purposes of human research; other vulnerable designated include the mentally ill, pregnant women, children, racial and ethnic minorities, and those afflicted with HIV/AIDS. Federal and institutional agencies have established policies, like informed consent and Institutional Review Board oversight, to prevent such groups from exposure to unsavory and unethical research practices. Yet the dynamics of corrections' contact, in concert with the categorical identification of groups as "vulnerable," raises questions for investigators interested in designing and implementing studies involving women in contact with corrections. Some such questions include: are women on probation or parole also prisoners? are pregnant incarcerated women doubly vulnerable? what of the children of jailed women? This paper will explore these and other issues on the status of women in contact with correctional systems; it will also consider some implications that "vulnerability" categorization and human subject protective policies hold for researchers.

Why Participatory Research?

Diane Hatton & Cheryl Ahern-Lehman

Participant-focused research (PR) takes on various forms and names, but the commonality in all forms is that researchers work collaboratively with participants to produce knowledge for the community involved. Because PR is conducted 'with' rather than 'on' people, it is often suitable for work with exploited, poor, oppressed, and otherwise marginalized communities. Informed by a PR perspective, our initial research project involved previously incarcerated women as co-investigators. Members of an organization that assists women transitioning from jail to community proposed this study. They approached nursing faculty with concerns about the health of women in detention. A focus group project was then designed and conducted with women in and out of jail. A former inmate-peer assisted in the development of focus group questions, moderated the groups, and participated in data analysis. Findings have been disseminated in clinical, research, and community forums and detention facilities. Unlike more traditional research methods, the PR approach utilized in this project has connected nurse scientists and inmate co-researchers. Ideas for future projects incorporating PR approaches with this population will be discussed.

The Interconnectness of Jail and Research Method

Anastasia Fisher

The jail setting presents researchers with a unique set of methodological challenges. Jails serve as holding facilities for groups of varied legal statuses, with lengths of stays ranging from hours to several months. A minority of jail inmates serve a defined sentence, usually less than one year; tenure at a given time may be unknown or change with little notice. This tends to make jail populations heterogeneous and transient. Short-term stays, rapid unpredictable return to the community, and heterogeneity of the population pose challenges for research recruitment and retention. And since the primary mission of jail is detention and security, special precautions must be implemented by researchers including: following protocols for accessing the jail and the inmates; limiting materials; learning the jail rules of conduct; and protecting inmate privacy. Thus, security considerations shape both design and recruitment issues. While these challenges seem daunting, strategies for making jails a possible venue for studying health and social issues of incarcerated women will be discussed.

Recommended reading:

Bureau of Justice Statistics. (2004). Almost 6.9 Million on Probation or Parole or Incarcerated in U.S. Prisons or Jails. Retrieved August 12, 2004.

Harrison, P.M. & Karberg, J.C. (2004). Prison and Jail Inmates at Midyear 2003 (Bulletin No. NCJ 203947). Washington, DC: US Department of Justice, Bureau of Justice Statistics.

RAND. (2003). Prisoner Reentry: What are the Public Health Challenges? Retrieved June 29, 2004.

15.30 – 17.30

Symposium: 18

Gathering clinical data: problems, pitfalls and solutions

Led by: Roger Watson, Department of Nursing and Applied Health Studies, University of Hull, Hull, England

Co presenters: Martyn C Jones, University of Dundee, Dundee, Scotland

Michele O'Neill, University of Dundee, Dundee, Scotland

Graeme Smith, University of Edinburgh, Edinburgh, Scotland

✉ r.watson@hull.ac.uk

Abstract:

This symposium will contain four papers all of which consider some practical aspects of gathering quantitative clinical data: the potential problems and how these may be overcome in addition to presenting data from all of the studies included. The presenters are all experienced and well published in the fields of questionnaire design, psychometrics and multivariate statistical analysis and the studies presented all involve gathering data from patients or nurses working in clinical practice.

The symposium will explore issues surrounding the use of a range of quantitative methods to gather clinical data. Traditional questionnaire methods will be contrasted with computerised ecological momentary assessment and video-based micro-analytic coding approaches

Introduction

This will be an introduction to the issues to be raised in the symposium. Clinical data - whether from patients or nurses working in practice - is the cornerstone of nursing research. Sometimes the problems of gathering data are articulated but usually the problems are not raised leaving the inexperienced nurse researcher to grapple with problems and pitfalls without learning how to overcome them. The range of issues includes such fundamental aspects of clinical research as gaining access to subjects, sampling and response rates. Other issues include the organisation of data collectors and subjects for reliability testing: simply getting the right people in the right place at the right time can be difficult, especially for inter-rater reliability testing and getting people at subsequent points in time for intra-rater reliability testing can be equally problematic. In the absence of perfection, running nursing research projects on low budgets, how can nurse researchers address these issues? Replication is one strategy and this will be discussed as applied to the development of the Edinburgh Feeding Evaluation in Dementia Scale and the use of intraclass correlations for testing inter-rater reliability will also be discussed.

Variations in Effort Reward

Imbalance relate to situational reports of emotional stress and anger over a nursing shift and both are moderated by habitual effort reward imbalance: The use of computerised behavioural diaries. We sought to determine using computerised ecological momentary assessment if variations in ERI within an individual across a work period co-varied with both emotional stress and anger and if each was moderated by habitual ERI. Thirty-six nurses completed individual computerised behavioural diaries measuring effort/demand, reward, stress

and anger every 90 minutes over a single shift. Diary questions were based on the Diary of Ambulatory Behavioural States (Kamarck et al., 1998). Participants completed a standard retrospective questionnaire evaluating ERI. Results were analysed using random effects multilevel modeling, (HLM 5). Repeated measures of ERI and stress covaried as predicted. While higher habitual ERI was related to increased stress at most levels of field ERI ($t=4.6$ $df=34$, $p<.001$), this effect disappeared when ERI was very high on the field measures. Participants who report habitual ERI imbalance were more stressed at work except in periods of high field imbalance when the current situation appears the main determinant of stress. A habitually unfavourable ERI was associated with chronic anger, and short-term unfavourable changes in ERI with acute anger.

Imitation as an intervention for preschool children with Autistic Spectrum Disorder and their parents/ carers: the use of video based microanalytic coding

The present study sought to test the hypothesis that imitation increases the social behaviours of preschool children with an ASD and their parents/ carers. Four children (2 males & 2 females, age range 3-4 years) with an ASD took part in a series of 12 play sessions. Using 2 small-n multiple baselines designs (Todman & Dugard, 2001), comparisons were made between 3 play conditions (1) play with a standard selection of (single) toys v.s play with a set of duplicated toys, and (2) play with a set of duplicated toys v.s play with duplicated sets of toys following parental training in the use of imitation. Sessions were videotaped and microanalytically coded for identified behaviours such as physical contact and proximity. These findings suggest that the use of imitation by parents/carers does successfully promote positive social interaction. The findings are discussed in relation to the function of imitation and the implications for designing an intervention based on naturalistic behavioural data.

Identification of potential eating disorders (ED) in patients with irritable bowel syndrome (IBS) attending a gastrointestinal (GI) out-patient clinic

Irritable bowel syndrome (IBS) is one of the most common GI disorders in medical practice. Recent evidence suggests that there may be a relationship between IBS and ED's (Porcelli et al 1998). Gastrointestinal symptoms are very common in patients with ED's and are considered to be consequences and / or physiological adaptations to common ED behaviours (starvation, vomiting and purging). It was the aim of this work to assess the potential of eating disorders in a cohort of IBS patients attending a specialist gastrointestinal clinic and to examine the applicability of ED screening tools in gastroenterology. One hundred and four patients (87 females / 17 males; age range 21-59) with a Rome II criteria confirmed diagnosis of IBS completed two ED screening tools. SCOFF (Luck et al 2002) and Eating Disorder screen for Primary care (ESP Cotton et al 2003). Twenty four patients (23%) displayed evidence of disrupted eating patterns. These patients reported discontent with eating patterns, eating in secrecy and dissatisfaction with their current weight. These findings are notable as the prevalence of ED's in the normal population ranges between 2-6%. The presence of eating disorders in patients within a GI population may be greatly underestimated. ESP and SCOFF provide a valuable and simply administered tool to detect

potential problems. These screening tools may facilitate the recognition of previously undetected problems.

Recommended reading:

Nadel, J., and Peze, A. (1993) What makes imitation communicative in toddlers and autistic children? In Nadel, J. and Camaioni (Eds.) *New Perspectives in early Communicative Development*. London: Routledge, pp. 139-156.

Siegrist, J. (1996) Adverse health effects of high-effort/low-reward conditions. *Journal of Occupational Health Psychology*, 1, 27-41.

Todman, J. B. and Dugard, P. (2001) *Single case and small-n experimental designs: a practical guide to randomisation tests*. London: Lawrence Erlbaum

Friday 11 March 2005

08.30 - 10.30

Symposium: 19

Health care equity audit: Real world research into health service access in a metropolitan borough

Led by: Martin Johnson, Salford Centre for Nursing, Midwifery and Collaborative Research, University of Salford, Greater Manchester, England. Co presenters: Jayne Hardicre, Ian Jones & Tony Long, University of Salford, Greater Manchester, England

Wendy Meston, Rochdale PCT, Rochdale, England

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Abstract:

There will be four complementary papers which will examine different aspects of Health Care Equity Audit. A presentation slot of 90 minutes would facilitate debate and in-depth examination of the ideas and facts presented.

The symposium will outline the need for health services to undertake health care equity audit in order to help planning for services which meet the needs of an increasingly diverse society. Health Equity Audit is a requirement set out in the NHS Planning and Priorities Framework 2003-2006 and will inform the implementation of local delivery plans, community strategies and local neighbourhood renewal strategies (HDA 2003). Directors of Public Health have been exhorted to "produce an equity profile for the population they serve and undertake a triennial audit of progress towards achieving objectives to reduce inequalities in health" (Department of Health, 1998).

There is general acknowledgement that health inequity results from many factors, but poverty, gender, age and ethnicity remain central to this, and access to health services is a key overarching issue. Despite this, relatively few audits of this type have been published. The session will illustrate the negotiation necessary and some of the pitfalls to be avoided in undertaking this kind of work.

Methods used, such as retrospective analysis of both locally and nationally available datasets and the use of case studies will be discussed with recommendations for their development and the need for alternative approaches. In anticipation of the possibility of including interviews with service users in the project, and with regard to accessing NHS patient records, ethical approval was secured from the Salford and Trafford Local Research Ethics Committee and the University of Salford Research Ethics Committee. Local research governance mechanisms were adhered to. This audit was based on discussions with representatives of both the Primary Care Trusts serving the Rochdale Metropolitan Borough at which the focus, timescale and outcomes of the project were agreed. A steering committee reviewed the potential aspects of service provision to select a specific focus and to prioritise services to be reviewed in the audit. Access to services was agreed by all to be the focus for the audit, while four service areas were identified as priorities for review: emergency services, dental services, alcohol support services, and allied health professional services.

Allied Health Professional Services

Jayne Hardicre

Rochdale Metropolitan Borough is one of ten Greater Manchester districts. There are four township communities within the Borough each with its own distinct social and economic characteristics. There are contrasting areas of relative affluence and deprivation with one township being the 66th most deprived ward in the country. One ward has a high proportion of Pakistani and Bangladeshi inhabitants with high unemployment rates and poor future prospects. One ward has 35% of its tenants in rent arrears with unemployment rates of up to 29% whilst a neighbouring more affluent ward has an unemployment rate of only 2.3%. The health needs of the Borough's population are complex. The borough includes higher than the national average Standard Mortality Ratios (SMR) for coronary heart disease, respiratory disease, circulatory disease, cerebro-vascular disease and non-malignant respiratory disorders. The audit focussed on access to physiotherapy, occupational therapy, and speech and language therapy services. Comparisons are offered between three GP surgeries lying within three very different and contrasting communities and also referral patterns for survivors of stroke. The paper will also highlight particular difficulties with non-standardised data collection and coding methods and how this affected and inhibited interpretation and analysis.

Emergency Services

Ian Jones

The people of Rochdale Metropolitan Borough are currently served by one acute secondary care Trust which is divided into 4 acute hospitals, namely Rochdale Infirmary, North Manchester General Hospital, Royal Oldham Hospital and Fairfield General Hospital. Within these Trusts patients requiring emergency care can be admitted via the accident and emergency departments or medical admissions wards. The accident and emergency departments within Pennine Acute Hospitals NHS Trust vary in size and configuration of services. Their annual attendance rates vary from 53,350 in the smaller centres to 69,437 patients in the largest unit. In addition to A&E departments emergency patients can be admitted via general practitioner to the medical admission wards. In addition to analysis of large datasets of service use, the team undertook retrospective analysis of service user data to examine trends in access to services. Samples were small but indicative trends could be identified; notably the variable pattern of uptake of emergency contraception by age and equity in uptake of cardiac care services.

Dental Services

Martin Johnson

The dental health of people in Rochdale Metropolitan Borough, and in particular its children, is the worst in the UK. Less than half the population has an NHS dentist and it is unlikely that the remainder has significant access to private dentistry. No dentist in Rochdale Metropolitan Borough is registering new NHS patients. Furthermore, the data available upon which to plan quality services for the future is sketchy. The best available data on patterns of dental health nationally are contained in the Adult Dental Health Survey (ONS, 2000) but these are not broken down into PCT areas or wards. Estimation of local patterns must rely on treatment data and the child dental health surveys completed at schools as

proxy indicators. The equity audit focused on the services provided by a new Dental Access Centre, and the session will present data which illustrate that salaried forms of dentistry may need to reach a much higher level in the future in order to meet this basic need for care.

Learning Outcomes

Those attending the symposium should be able to:

1. Explain the moral and policy arguments for investing in health equity audit.
2. Give an overview of available methods
3. Describe some the difficulties and pitfalls in this type of investigation.
4. Apply principles of equity audit to their own locale.
5. Have an insight into problems of access to services and data retrieval.

Recommended reading:

Bury and Rochdale Health Authority (2002) Public Health Annual Report

Office for National Statistics (2000) Adult dental health survey: oral health in the United Kingdom 1998. London, The Stationery Office.

Health Development Agency (2003) Health equity audit made simple: a briefing for primary care trusts and local strategic partnerships. London: HDA.

08.30 - 10.30

Symposium: 20

Promoting evidence-based care through an integrated approach to research and development

Led by: Kate Gerrish, Department of Community, Ageing, Rehabilitation, Education & Research, University of Sheffield, Sheffield, England. Co presenters: Simon Palfreyman, Marilyn Ireland, Angela Tod, Clare Warnock, Sam Debbage & Irene Mabbott

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Abstract:

The RCN's recent position statement 'Promoting excellence in care through research and development' (RCN 2004), stresses that evidence-based care requires that research and development are allocated equal importance and value. Yet, in practice, researchers are often divorced from the delivery of health care, health service managers struggle to engage in the research agenda due to competing demands, and practitioners, although enthusiastic often lack the necessary skills and support. Achieving evidence-based care arguably requires an integrated approach in which research feeds directly into development and is underpinned by collaboration between researchers, practitioners and managers.

This symposium will consider the development and implementation of an empirically derived conceptual framework for promoting evidence-based practice within a large NHS hospital Trust developed through collaboration between researchers, practitioners and managers. The framework has been developed inductively through a cyclical process of research and development spanning a 5-year period. Four papers will be presented, the first providing an account of the development of the framework and the three remaining papers giving examples of different dimensions of the framework.

The first presentation will focus on the development of a conceptual framework for promoting evidence-based care. The overall approach has drawn upon the principles of action research in which substantive research projects have been linked closely with organizational developments. Research within the Trust examining barriers to research utilisation, factors influencing evidence-based practice, nurses use of IT, and the role of advanced clinical nurses in promoting evidence-based care identified a range of issues which impact upon the ability of front-line practitioners to provide evidence-based care. These issues have been classified into four domains: the nature of the evidence, the competencies and positional power of front-line practitioners, the utilization of different sources of knowledge, and the context in which care takes place. Specific initiatives to address each of the domains have been developed and subsequently evaluated. An analysis of the organizational aspects of promoting evidence-based practice were classified into four domains; ownership, integration, facilitation and context. A number of initiatives have been introduced in each of these domains. The resultant activity can be mapped to form a matrix for promoting evidence-based practice that considers the orientation (patient/professional) and the impact (focused/wide) of an organizational approach to promoting evidence-based care.

The second paper will focus on the development of an Evidence-based Council, an initiative with a high professional orientation and a wide organisational

impact. The Council was initiated and led by front-line practitioners with the aim of enabling practitioners to promote evidence-based care, improve communication, develop confidence in skills relating to evidence-based practice and identify research questions from practice. Representatives from nursing and allied health professions drawn from all the clinical directorates meet monthly. The Council has promoted the establishment of a hospital-wide network of directorate evidence-based practice groups. In addition it has taken forward a number of initiatives including developing a resource pack from promoting evidence-based practice, planning a conference on sexual health across the local health community, and taking forward research projects that are seeking to answer research questions identified by practitioners. It has also influenced trust-wide policy relating to IT use, the development of educational programmes for evidence-based practice and the implementation of clinical benchmarking. The paper will provide an overview of the Councils activities and analyse critically its impact on promoting evidence-based practice within the organisation.

The third paper will describe an initiative to generate research questions of direct relevance to clinical practice and then to actively engage practitioners in designing and conducting the research. The initiative aimed to develop a clinically-relevant research agenda by generating a series of fundable studies. The Evidence-Based Council identified the nutritional needs of patients and patient outliers as clinical issues that were having an important local impact. Consultation and mapping exercises were undertaken across the Trust to establish the relevance of the projects. A multi-disciplinary project committee was created with membership drawn from the Evidence-Based Council and a remit to establish links with key personnel and departments within the Trust to enable the research ideas to be taken forward. Links were established with a local university to provide academic support. The first project, a qualitative study that aims to explore factors that act as barriers and facilitators to patients receiving nutritional support, has received funding from a local grant awarding body. The second project which uses mixed methods, aims to examine the impact of being a patient outlier for both patients and staff and is currently funded through own account. In considering the progress made with these two studies, the presentation will provide a critical reflection on the approach to developing clinically relevant research projects which actively engage practitioners as co-researchers.

The final presentation will focus on initiatives which address the organizational dimensions of the framework for promoting evidence-based practice referred to in the first presentation. Recognition of the importance of the four domains of ownership, integration, facilitation and context has led to a number of successful initiatives facilitated by a Trust-wide Practice Development Team. A brief overview of some of these initiatives will be presented in order to illustrate the different dimensions of the framework and show how they have contributed towards promoting an organizational culture in which research and development are more closely integrated. Using the implementation of the Essence of Care clinical benchmarking (Department of Health 2001) as a case study, an analysis will be presented of how the various components of the whole framework come together to provide an integrated approach to promoting evidence-based care. To conclude the issues raised in the presentation will be brought together to promote an open discussion among symposium participants.

Recommended reading:

Department of Health (2001) *The Essence of Care: Patient focused benchmarking for health care practitioners*, London, DOH

Royal College of Nursing (2004) *Promoting excellence in care through research and development: an RCN position statement*. London, RCN

08.30 - 10.30

Symposium: 21

Ethical challenges and practical solutions?

Led by: C.Clifford, Head of Nursing & Director of Research School of Health Sciences, University of Birmingham, Birmingham, England. Co presenters: Jane Coad, University of Birmingham (Member of Coventry, LREC), Barbara Mullan, University of Birmingham (Member of North Birmingham, LREC), Fran Badger, University of Birmingham & Alison Metcalfe, University of Birmingham

Abstract:

By the end delegates will:

1. Understand some contextual issues pertaining to current Research Governance Framework and Ethics committees
2. Have explored common challenges when completing ethical application forms to Local and Multi-centre Research Ethics Committees within the context of current COREC requirements.
3. Be better able to apply ethical considerations to a range of sensitive issues including, genetics, children and young people, and older adult.
4. Have an opportunity to debate with delegates the ethical challenges that have arisen out of their research work and how these might be overcome.

The principles offered by Beauchamp and Childress (2001) are frequently used as an ethical framework as they include respect for autonomy, beneficence, non-maleficence and justice. Such principles provide a sound background to the scope of health care research, which has vastly increased during the last four decades, both geographically and with regard to the range of disciplines participating in medical, nursing and allied health research. For many projects, this involves human research participants, so ensuring sound ethical principles must be an integrated part of project planning and management.

Interestingly, in the U.K, a requirement to submit for ethical review did not occur until such issues from The Human Rights Act (1998), The Griffiths Enquiry (North Staffordshire DoH 2000), Bristol (The Kennedy Report, 2001), Alder Hey (DoH 2001) and The Helsinki Declaration (2000) were reported on. At the same time, controlling codes such as National Health Service (NHS) and other agencies rules and frameworks, laws, declarations, and conventions underwent important changes. Such issues culminated in the Governance Framework for Research Ethic Committees (GAFREC), which subsequently came into force in the U.K. in 2002. Thus, one notable impact has been the development of The Central Office for Research Ethics Committees (COREC), which acts on behalf of the Department of Health (DoH) to provide leadership and operational arrangements for RECs. As a direct consequence, RECs have undergone immense development in their organisation and operational procedures with respect to safeguarding the rights, dignity and welfare of people participating in NHS research (DoH 2004; NHS, COREC 2004).

However, for researchers understanding such arrangements can appear complex and developing a repertoire of skills in order to successfully apply for research ethical approval can feel like an uphill struggle. This has led to key researchers questioning this process as lengthy and bureau-

cratically fraught (Johnson 2003). Whilst such valid debate continues, there remains a need for researchers to overcome encountered hurdles. One strategy suggested is sharing with, and support from, 'experienced researchers' (RCN, 2004).

Therefore, this symposia, aims to share with delegates the context of the current Research Governance Framework and NHS ethical requirements, and the challenges in completing the COREC required 'application form'. This symposium brings together a group of experienced researchers from The University of Birmingham, who have been involved in the ethical approval process from two perspectives, as members of RECs and as research applicants. Each paper will take a sequential approach and, will draw on presenters' experience highlighting a range of research ethical challenges from a practical and theoretical perspective.

The symposia will focus on general ethical dilemmas when meeting NHS ethical requirements and follow through with specific, sensitive issues related to genetics, children and young people and older adult. The intention of the symposia is to also provide a platform for delegates to debate, so an opportunity will be provided to discuss with the team ethical challenges in order to generate some practical solutions of how these might be overcome.

The following papers will be presented:

Professor Collette Clifford, will firstly, outline the Research Governance Framework in the U.K. She will apply these principles to the researcher's duties in project work and outline the need for ethical applications to Local Research Ethics Committees (LREC) and Multi-centre Research Ethics committee (MREC).

Following on, Dr. Barbara Mullan, will highlight issues pertaining to membership of LRECs and include common reasons why research applications are accepted/rejected. She will share with delegates a pragmatic reflection about how researchers can successfully navigate their way through the process of current COREC applications.

The symposia will then link the common issues to more focused areas of special interest.

Firstly, with the expansion in the use of genetic technologies, obtaining ethical consent raises a number of controversial issues, of which, for many there are few simple answers. Dr Alison Metcalfe will discuss some of the issues related to gaining ethical approval on the psychosocial aspects of the integration of genetics into healthcare. The presentation will use examples from her current genetic research project to highlight notable issues and discuss the manner in which they have been overcome.

Dr. Jane Coad will explore the guiding principles of participatory research with children and young people and share an innovative framework for overcoming ethical challenges with this potentially, vulnerable group. Her presentation will include specific issues related to informed consent and challenges of completing ethical applications that involve children and young people and how these have been overcome.

Fran Badger will outline issues relating to gaining ethical approval for research with older adults. Specific areas of her presentation will include a consideration of whether mental impairment is a criteria for excluding research participants and if so, how should it be measured. Using these principles, she will also include issues pertaining to the writing of patient information sheets for older adults.

To conclude, the symposia team will provide an opportunity for issues to be identified by delegates and used to focus an open debate designed to help

improve the journey and experience of research seeking ethical approval via NHS systems.

Recommended reading:

Beauchamp, T.L.; Childress, J.F. (2001) Principles of Biomedical Ethics. Open University Press.

Royal College of Nursing (2004) Research Ethics; RCN guidance for nurses. RCN.

NHS(2004) Standard Operational Procedures for Research Ethics Committees - UK. Central Office for Research Ethics Committees (COREC)www.corec.org.uk

11.15 - 13.15

Symposium: 22

Researching nursing judgement: Approaches and challenges

Led by: Dawn Dowding, Health Sciences (Research), University of York, York, England

Co presenters: Carl Thompson Ruth Ludwick, Carl Thompson, Ruth Ludwick, William Lauder, Marion Wright, Brodie Paterson, Rhona Morrison, Ian Aitken, Sandy McComish, Clare Cassells, A Foster & Ian Cole

Abstract:

Purpose: This symposium will provide an overview of the research challenges encountered when researching nursing judgements. We will focus on two approaches used by the presenters as ways of overcoming the significant theoretical and methodological challenges involved. Five interlinked papers will be presented; the first of which provides an overview outlining the challenges and the principles of factorial surveys and social judgement analysis. All the papers will draw heavily on completed research studies from a diverse range of nursing and midwifery areas (psychiatry, critical care, midwifery, nurse education).

The challenges of researching nursing judgement

Dr Dawn Dowding, Dr Carl Thompson, Dr Ruth Ludwick, Dr William Lauder, Dr Marion Wright

We will provide an overview of the challenges associated with researching nursing judgements. Issues dealt with include, how to balance the need for ecological validity with the need to compare individuals across the same task, the role of expertise in judgement, and the strengths and weaknesses of purely descriptive approaches to judgement research. We will then outline two different methodological approaches to researching judgement: factorial survey designs and social judgement analysis. Both approaches focus on researching nursing judgements using simulation, but have very different approaches to simulation construction, data collection, and data analysis. The benefits and limitations of each approach will be explored.

Using factorial surveys to study judgements of self neglect

Dr William Lauder

This paper will report the design of a factorial survey of GPs, and nurses' treatment decisions in cases of self-neglect. The study aimed to identify the combination of client, professional and situational characteristics that influence decisions to treat self-neglect. The construction of vignettes and the rationale for the dimensions included in these vignettes will be explored. The practical and pragmatic considerations involved in the final design of vignettes for use in judgement research will be described. Resolving the complexity associated with the analysis of factorial surveys will be discussed. In order to stimulate methodological development the paper will end with a critique of factorial survey approaches.

Using social judgement approaches to study judgements of suicide risk

Dr Dawn Dowding, Mr Brodie Paterson, Dr Rhona Morrison, Mr Ian Aitken, Mr Sandy McComish, Ms Clare Cassells

In this paper we will report on a study using social judgement analysis to examine nurses judgements on suicide risk in acute psychiatry.

Method: A literature review identified 13 variables as predictors of potential suicide risk in acute psychiatric in-patients. For each variable, different levels were constructed, and then placed into a computer program that randomly generated case vignettes. A total of 130 case vignettes, representing patients with different potential degrees of suicide risk were generated, together with 15 repeat cases – created for the purposes of validation. Subjects rated the likelihood that the person described in the scenario was at risk of suicide in the next 24 hours.

Sample: Health care professionals from four primary care trusts across Scotland were approached to take part in the study. 120 volunteered to take part, 63 of which returned case vignette booklets (response rate of 53 %).

Results: Analysis indicated significant variation between individual practitioners in the information they use to make risk assessments. Mental health nurses perceive suicidal ideation and previous suicide attempts as the key factors in predicting suicide risk.

Factorial survey approaches and international studies

Dr Marion Wright, Dr Ruth Ludwick, Dr Dawn Dowding, Dr William Lauder

This paper will report the results of a project to evaluate the use of the factorial survey method across three countries, employing randomised vignettes as the essential feature. To illustrate the method, nurse decision-making about patient nutrition was used.

Method: A two-part survey was used for data collection: vignettes and demographic information. Each respondent rated 6 vignettes on the 3 dependent variables. Multiple regression was used for vignette analysis.

Sample: 166 nurses and nursing student nurses from Northern Ireland, Scotland and Ohio.

Results: The 3 prediction models each explained about a quarter of the variance for each of the dependent variables across all 3 countries. Subjects across all countries were using an approach to nutritional screening that did not adequately balance information from the four key indicators of nutritional status, but relied mainly on subjective patient data on food intake over 3 meals. The researchers were able to examine decision-making across countries in the same study, thus precluding the need for separate or follow-up studies.

Using social judgement approaches to tailor educational interventions

Dr Carl Thompson, Ms A Foster, Mr Ian Cole, Dr Dawn Dowding

In this paper we report on the results of a study using social judgement analysis to evaluate and tailor an educational intervention regarding the diagnosis of shock.

Method: A quasi-experimental single group pre-test, post-test design. Six pieces of clinical information (patient signs and symptoms) were selected as indicators of hypovolaemic shock. A fractional factorial design was used to construct 20 scenarios for the estimation of main effects. With conjoint analysis used to ascertain the amount of utility that the information at various levels had for their decisions and judgements. Nurses were asked to estimate the likelihood the patient was in shock (a continuous judgement) and whether the scenario indicated shock or not (a dichotomous judgement), before and after an educational intervention on diagnosing shock

Sample: 23 second year student nurses undertaking a degree level module on critical care.

Results: The results showed that students use of information pre and post the educational intervention did not alter significantly. The study highlighted that students appeared to have difficulty interpreting some pertinent items of information and integrating them into their judgements.

15.15- 13.15

Symposium: 23

Issues in the assessment of clinical nursing practice: implications from the findings of recent research studies

Led by: Claire Hale, School of Healthcare Studies, University of Leeds, Leeds, England.

Co presenters: Tony Long, University of Salford, Greater Manchester, England

Kathy Doggett, University of Huddersfield, Huddersfield, England

Kathleen Duffy, Glasgow Caledonian University: Nursing and Midwifery Research Centre, Dame Kathleen Raven Professor of Clinical Nursing University of Leeds, Leeds, England

Peter Tomlinson, Professor of Pedagogy and Professional Learning University of Leeds, Leeds, England

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Abstract:

Paper 1

Review of Studies of the Assessment of Practice in Nursing

Dr Tony Long, Senior Lecturer in Nursing, University of Salford UK

Paper 2:

The adequacy of practice base assessment in pre registration nursing education: assessors' perspectives

Dr Kathy Doggett, Head of Adult Branch, University of Huddersfield

Paper 3:

Failing students: A qualitative study of factors that influence the decisions regarding the assessment of students' competence in practice

Ms Kathleen Duffy Glasgow Caledonian University: Nursing and Midwifery Research Centre

Paper 4:

An evaluation of the educational preparation for cancer and palliative care nursing: issues in the assessment of clinical practice

Professor Claire Hale, Dame Kathleen Raven Professor of Clinical Nursing University of Leeds UK

Paper 5:

Assessment as skilful expertise; implications for assessment strategy and assessor preparation

Professor Peter Tomlinson, Professor of Pedagogy and Professional Learning University of Leeds UK

Introduction:

The assessment of clinical nursing practice is carried out in order to evaluate learner progress and the

achievement of the learning outcomes of whatever programme the learner is undertaking. In pre registration nursing courses the methods of practice assessment have, over the years, included a formal practice exam with the pre 1969 syllabus, the four ward based assessment of the 1969 syllabus and the continuous assessment of the Project 2000 and Fitness for Practice programmes. More recently assessment of practice has also become a feature of some post registration courses. Throughout the last decade, the assessment of practice has been the subject of much debate particularly in relation to the appropriateness of the assessment method, the validity and reliability of findings and the preparation of assessors. The consensus is that this is an area of concern. The growing emphasis on competence based education and the assessment of competence in practice has led to a number of research studies on this topic either being commissioned by past nursing statutory bodies such as the English National Board (ENB), The National Board for Scotland (NBS), the United Kingdom Central Council for Nursing Midwifery and Health Visiting (UKCC) and more recently its successor, the Nursing and Midwifery Council (NMC), or being the subject of masters and doctoral degrees in Universities. Despite the research that has already been undertaken, concern continues about the competence of nurses and the assessment of practice in educational courses. This last year has seen the publication of three studies all concerned with the assessment of practice and the aim of this symposium is to present the findings of these studies and discuss the findings in relation to the findings of previous studies undertaken in nursing and also discuss them in the context of theories and findings from studies in the wider educational literature. Perhaps, if the debate is broadened then more effective solutions will be forthcoming?

The symposium will be chaired by Dr Tony Long, Senior Lecturer in Nursing at Salford University who will also present the introductory paper.

This paper will provide a brief review of the main studies of the assessment of practice in nursing which have undertaken over the last decade and highlight the issues which have emerged. This paper will set the context for the following three papers.

The second paper will be presented by Dr Cathy Doggett of Huddersfield University. In her paper Dr Doggett will present some of the findings from her PHD study entitled 'the adequacy of practice base assessment in pre registration nursing education: assessors' perspectives. This study used a questionnaire to survey 165 assessors and this was followed by in depth interviews with 20 assessors. In this paper Dr Doggett will highlight the lack of clarity about the assessment focus, the often inadequate preparation of assessors, the difficulty of separating assessment from teaching and misunderstandings regarding what is to be assessed.

The third paper will be presented by Kathleen Duffy of Glasgow Caledonian University. In this paper Ms Duffy will present the findings of her recent study which was funded by the NMC entitled 'failing students: A qualitative study of factors that influence the decisions regarding the assessment of students' competence in practice. In this study Ms Duffy interviewed 14 lecturers and 26 mentors. One of the issues which will be specifically highlighted and discussed in the presentation is that of 'failure to fail'.

The fourth paper will be presented by Professor Claire Hale of Leeds University. The focus in this paper will shift from pre registration to post registration programmes. In this paper Professor Hale will discuss those findings which are pertinent to the assessment of practice, which emerged from a study

funded by the ENB 'an evaluation of educational preparation for cancer and palliative care nursing for children and adolescents. In this study 26 nurses were interviewed, who were either assessors or students on one of the 8 ENB courses for the care of children with cancer (ENB 240). The study found that there was great variety in what was assessed and how it was assessed with many concerns being raised about the validity and reliability of the whole process. Among the issues highlighted in this paper will be the low priority given to the assessment of clinical skills in these programmes.

The final paper will be presented by Professor Peter Tomlinson of Leeds University. In this paper Professor Tomlinson will consider the findings of these studies and illuminate them with some insights from research carried in other areas of education and psychology. Professor Tomlinson will emphasise the need to recognise that effective assessment is itself a form of skilful expertise and to go beyond traditional crude views of skill by way of understanding it terms of recent cognitive and sociocultural psychology theory. He will draw some implications for preparation and support of assessors as well as for assessment strategy and the tools needed for the assessment.

Recommended reading:

Anderson, J. R. (2000). Cognitive Psychology and its Implications (5th ed.). New York: Worth Publishers

Eraut, M. (1994). Developing Professional Knowledge and Competence. London: Falmer Press.

Phillips T, Schostak J; Tyler J (2000) Researching Professional Education; dialogue and assessment; creating partnerships for improving practice. The English National Board, London

Notes

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